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WILLIAM TOLMAN CARLTON (1816-1888)

THE PILL VENDOR

DIAGNOSIS DEFERRED

Bella Donna and the Pill Peddler

The association between the ancient professions of art and medicine antedates by innumerable centuries the comparatively modern device of recorded history. "*Ars longa*," as they say in Cos, and no one knows what the Aurignacian artist said who drew the picture of the actively functioning medicine man in the cave in The Pyrenees, about the time of the discovery that stone could be shaped by chipping.

So far as fidelity in medical art is concerned, Leonardo did a neat job on various aspects of anatomy in the fifteenth century, to be followed in the next by Calcar with his incredibly accurate illustrations of Vesalius' dissections. A century later Rembrandt produced his Anatomy Lesson. The collection of medical art that Smith, Kline and French has gathered and presented to the Philadelphia Art Museum lends substance to the general thesis. And this takes no account of that host of surgeons and physicians who have adopted the brush, the palette and the palette knife, sculpturing in their spare time and messing with modelling materials in their search for a relaxation that transcends the power of meprobamate.

The present issue of the *Bulletin*

illustrates the association in a vivid yet genteel manner. On the cover is an early copy of Titian's "La Bella;" the frontispiece is "The Pill Vendor," attributed, probably correctly, to William Tolman Carlton who flourished in the mid-nineteenth century. Both paintings were rescued, or wheedled, by Harvardman Berry from the dews and damps of the Fogg Museum and now lend added color to his official labyrinth at the Medical School.

The portrait, the original of which hangs in the Pitti Palace in Florence, was restored by Miss Elizabeth Jones of the Museum before she (La Bella) was kidnapped by the Dean. In her present state, her dilated pupils give the dark and glamorous look that the Renaissance ladies in Italy so much desired. This is the way Belladonna got its name. The lady in question is thought to be with some certainty Eleanora Gonzaga, Duchess of Urbino, who was known in her day as Titian's "La Bella" or "Bella Donna." The Fogg records show that Bella Donna was given to Harvard by Mrs. James Barr Ames.

Atropa belladonna is a basketball team in itself, being narcotic, antispasmodic, anodynic, mydriatic and

a respiratory and cardiac stimulant. But enough of pharmacology. Its original use may have been that for which the Duchess of Urbino employed it; perhaps this sultry effect gave origin to its common name of deadly nightshade.

The Pill Vendor, with its super-photographic clarity, has the single unrealism of presenting more subtle details than ever would have fallen on the same limited scene at one time. All that it lacks to complete the bucolic picture is a flock of sheep, a hutch of rabbits and a rusty plow standing in a forgotten furrow. Produced near the end of the Currier and Ives period it presents an accuracy, a skill in drawing and a mastery of perspective that the Currier and Ives period, it presents an embodies the fidelity of a contemporary Inness landscape and the homely virtues of a sculptured "Rogers Group," also approximately contemporaneous with it.

A thorough study is necessary to appreciate the details of the pill peddler picture, which is registered at the Fogg Museum as part of the bequest of Mrs. William Hayes Fogg. It shows a characteristic scene of a century or so ago when an itinerant peddler visited a New England farm in his red wagon, practically bursting at the seams. Showing some of the characteristics of a beardless Santa Claus, this peddler is a jolly man, with a red nose, red cheeks and a bottle sticking out of his pocket. One side of the wagon advertises "To the Afflicted—Dr. Brandeth's Obstetrical Pills." The other ad is for "SANDS SARSAPARILLA" tonic, recommended by a series of physicians including "Dr. Townsend." Two of the hired men are unconcernedly sharpening the blade of a scythe. Two of the granddaughters of the farmer are looking at themselves in the bright new pans. The farmer's dog takes a dim view of the peddler's well behaved poodle that lies placidly in the shade of the wagon. The mother is caught in a moment of contemplation wondering whether or not she can afford a handsome teakettle. Beside the

teakettle on the wagon tailboard, one finds a set of apothecary scales, jars and pills. Another granddaughter is giving her grandfather a copy of the *Boston Post*. An older granddaughter is getting her grandmother's opinion about a piece of gaily printed silk. A mother hen is clucking her chicks back into the safety of a one-room coop. Above the farm cat, which finds the scene full of danger, one sees through the window grandpa's unmade bed. In the absence of a window shade, he is keeping the light out of his room with an issue of the *New England Farmer*—this issue advertising the sale of a cow.

What renders the Pill Peddler of special interest, however, is its graphic illustration of a way of life that is barely beyond the memory of a rapidly dwindling group of older persons. If many now living and still on the functioning side of dotage cannot themselves remember the horse-drawn pill peddler, at least their fathers could, if they were raised in rural surroundings; the painting brings a wave of nostalgia to many who barely escape a recollection of that phase of American progress.

The pack peddler, lingering even longer than the equine vehicular vendor with his notions, pills and potions may still be on the scene in various places; he was with us not long ago for he did not require any special means of transportation. America's classic wanderer, in a vaguely medical context, was Johnny Appleseed, reputed to have spread across the land the spores of that tree whose fruit is supposed to keep the doctor away.

The accessible areas of the earth are organized, industrialized and economically regimented; the new gray Cadillac has replaced the old gray mare, which itself seemed sometimes to proceed by a sort of jet propulsion, and the farmer and his family usually drive to the Stop and Shop instead of having the stop and shop come to them. And the fact that the peddler could drive a hard bargain cannot be soft pedaled.

LETTERS

In Memoriam

Extracts from an intimate letter to the wife of one of our senior graduates, Fred Patterson Webster, '01, notice of whose death appeared in the May issue of the Bulletin.

Dear Helen,

It was sad news to hear of Fred's death. As the years pile up on us, our surroundings and our lives change into a more serious and somewhat sadder atmosphere.

Fred was one of the most tolerant and kindest men I ever knew. He was generous always, amiable, and a choice companion.

He brought to Portland, yes, to Maine, the practice of pediatrics on a superior level. A natural ability, beautifully developed and trained under the best available teachers, made him the leader in our chosen branch of the profession of medicine. Unquestioned devotion to his patients, always ethical conduct toward his colleagues characterized him. He became a beloved doctor, wise in his advice, compassionate to all sufferers.

On all those occasions in the give and take of social chatter I never heard him say a mean thing of any person nor cherish an unkind idea. I have missed him in recent years and now he has gone. So we carry on with some gratification in our achievements (and Freddie's were many) and our fond memories.

We had many jolly and happy trips together and the memory of them will remain treasured. I know you will miss him and I extend my sympathy.

THOMAS FOSTER, '15

Mistaken Identity

To the Editor of the *Bulletin*:

Spring Fever has struck the *Alumni Bulletin* editors!

My wife and I were astonished to read of our "trip" through the Middle East this fall etc. etc. as in the current *Bulletin's* 1954 Class Notes. How I shall explain this to my friends as well as to my chief of service at the hospital here, who has the delusion that I was working hard as a resident in child psychiatry during the entire year, I do not know.

At any rate it seems that some lucky classmate of mine has had a wonderful trip, sent in a fine report of it, and I get all the credit. Kindly publish a

correction and retraction in full in the next issue, and advise me who of my classmates has made this trip so that I can square it with him—lest he think I'm using my position of "power" here to disseminate false propaganda.

I do not now have and never have had any connection with the Minneapolis Symphony Orchestra. The most I can claim is to have just completed two years of study of the cello so that I don't squeak too badly any more.

It is at least reassuring that mistakes do occur albeit very rarely at the Alumni office and that even the eagle eyes sometimes nod.

HERBERT J. GOLDINGS, '54

The Bulletin apologizes sincerely for sending Dr. Goldings halfway round the world when he was actually in residency at Massachusetts Mental Health Center. No disclaimer can be found except perhaps that the Bulletin does nothing in halfway measures. We repeat below the May Class Note, giving credit where credit is due:

John C. Hutchinson writes: "People will be interested to hear that I served as physician to the Minneapolis Symphony Orchestra on their Middle East tour this fall. We went to Greece, Iraq, Pakistan, India, Lebanon, Turkey and Yugoslavia. . . It was the largest group of musicians ever to go to the area and the reception was marvelous. As you can imagine, the sight-seeing was equally marvellous; and since there were no serious medical problems, other than a perpetual shortage of paregoric, we (my wife went as nurse) got a rather good look around." Hutchinson is headed for C. J. Watson's chief-residency in July.

Exclusive Club

Editor:

In 1914 or '15, I was made a member of the Oliver Wendell Holmes Society. I received a beautiful certificate with Dr. Holmes' picture in one corner. I cannot remember paying anything or attending any meetings.

Will you please ask the author of "Diagnosis Deferred" in the May edition of the *Bulletin* if I am the only member (à la Ramon Guiteras)?

WILLIAM E. HUNTER, '15

An extensive inquiry has been made into the existence and members of the Oliver Wendell Holmes Society. The author of "Diagnosis Deferred" was questioned but was unable to offer knowledge beyond that mentioned in his column (May '58). Finding nothing we would presume Dr. Hunter to be the sole member of the Society with the possible exception of the person who presented the certificate. Any information leading to the solution of

this mystery will be suitably rewarded by the editors of the Bulletin.

John F. Fulton

The editors print with pleasure the following extracts of a most interesting letter from Dr. John F. Fulton, '27, Sterling Professor of the History of Medicine, Yale University School of Medicine.

The year has been a rather breathless one, but despite all the national, international, and cosmic alarms, we have managed to keep our heads cool and unafraid.

For the medical historian, one of the chief events of the year was the observance in all parts of the world of the three hundredth anniversary of the death of William Harvey (1578-1657). The Department's contribution to this event was an issue (April) of the *Journal of the History of Medicine* devoted entirely to Harvey. Nine countries were represented in the twenty-one papers which arrived in five languages other than English, so that the staff had more than the usual challenge to get this number through the press. An international gathering was held the first week in June in London, the main theme being "A Review of the Present Knowledge of the Circulation." At the opening session on Monday, 3 June, a program of historical papers on the knowledge of the circulation from the 17th to the 20th century had been arranged, J. F. speaking on the post-Harveian contributions of Malpighi, Antony van Leeuwenhoek, and Stephen Hales and the discovery of the capillaries. Kenneth Franklin, who has just published (Blackwell's, Oxford) under the auspices of the Royal College of Physicians a splendid new translation of *De motu cordis*, also spoke at this session.

For me personally the special event in June was the *Encaenia* at Oxford on June 26th, Lucia's birthday, when I was much gratified to have my ancient University confer upon me the honorary degree of Doctor of Letters, my opposite number on this occasion being Sir Laurence Kerr Olivier. The time-honored academic ceremony is a colorful and stirring affair. Lord Halifax presided as Chancellor to the University, and the 'Honorands' were presented to him by a deputy for the Public Orator, A. N. Bryan-Brown, M.A. My citation read as follows:

"Some years ago we gave an honorary degree to Charles Singer, then Professor of the History of Medicine at

(Continued on page 40)

July, 1958

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October 1, 1958 - January 23, 1959 Fee — \$500.

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September 8 - December 5, 1958 Fee — \$400.

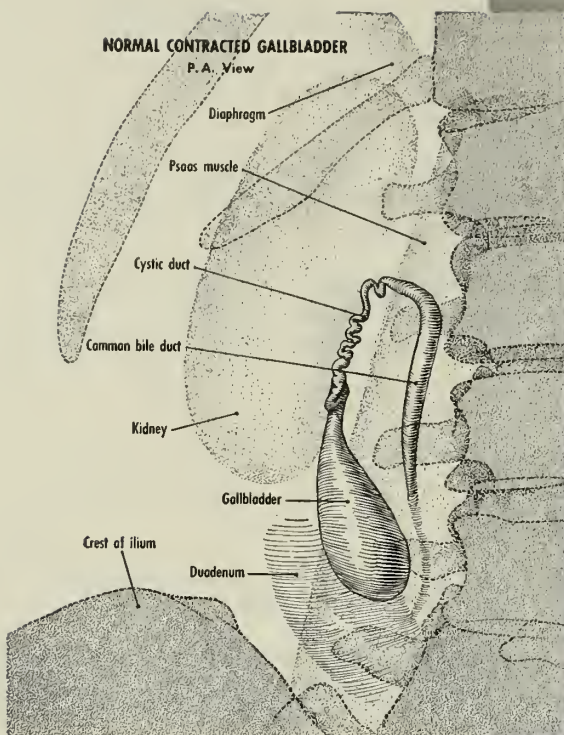
CARDIOVASCULAR DISEASE

Drs. Edward F. Bland, Allon L. Friedlich, Edwin O. Wheeler, Poul D. White, and Associates of the Massachusetts General Hospital.
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Buckstein, Jacob: The Digestive Tract in Roentgenology. Philadelphia, J. B. Lippincott Co., 2nd ed., 1953, vol. 2, p. 1003.

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HARVARD MEDICAL ALUMNI BULLETIN

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JULY 1958

NO. 4

The Cover: *Bella Donna* hangs in the Dean's office at the Medical School. For the story of this and other paintings "stolen from the Fogg," see *Diagnosis Deferred*.

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Editorial

EXPERIMENT PERILOUS?

Elsewhere in this issue appears an article on the Miners Memorial Hospital Association as an "experiment" in elevating standards of medical care. As in any other social experiment there must be a certain amount of peril for the individuals involved and also a certain amount of danger to the hard shell of preconceived ideas into which social and economic change are introduced.

The West Virginia mining community has been and is an area of rapid social and economic change. It would appear that the medical profession as a group failed to keep pace with that change, either through inertia, inadequacy, or reactionary self-interest. In this particular instance there happened to be an organized and articulate body of public opinion, and a planned medical experiment, set up by the patient, was the result. The experimental question asked is whether or not deliberate social planning is applicable to a profession which prides itself, quite rightly, on the individualism of its members. The experiment touches on the preservation of individual doctor-patient relationships, of geographical and hospital full-time staffs, of resident training, of post-graduate education, and a number of other problems.

Obviously the results of the experiment are only in the stage of preliminary observations. However, many who have had the opportunity to visit hospitals within the Miners' Association system have been enormously impressed by the enthusiasm, the vigor, and the integrity of the professional personnel involved. Clearly there is a great deal more involved than bricks and mortar. The medical profession as a whole, organized or not, will do well to take a careful look at a serious and honest attempt to explore the future of medicine in a changing society.

J.G.S.

As we go to press, we learn with great regret of the death of Fred A. Simmons, '33.

Along the Perimeter

Nuclear Science Summer Program

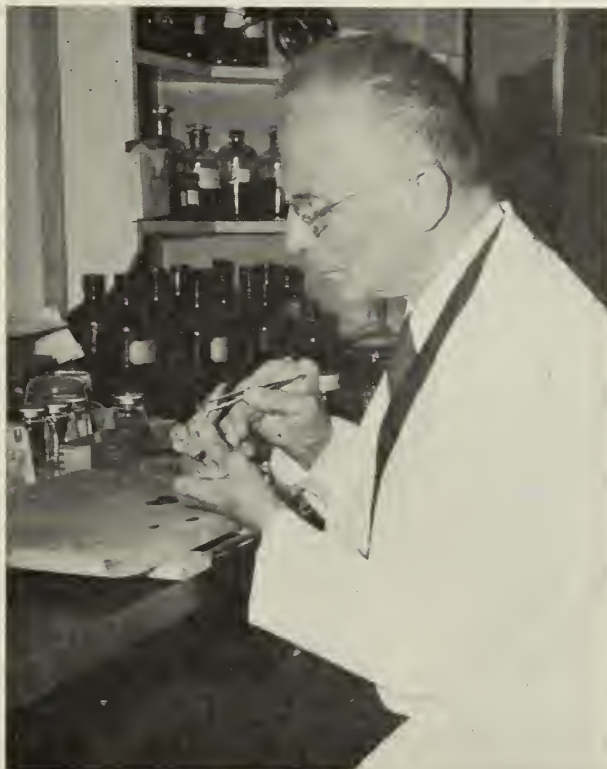
Science teachers from 16 public and private secondary schools and from three colleges including the U.S. Naval Academy, will attend the third Harvard summer program in Nuclear Sciences, June 30 through August 22 at the Harvard Medical School.

As in the past two years the instruction will center in a course "Principles of Radioactive Measurement" consisting of five lectures and eight hours of laboratory work each week. Lectures and laboratory sessions cover such topics as the elements of nuclear structure, methods of detecting radioactive material, elementary statistics, the use of isotopes in biological programs and the interaction of radiation with living systems. The lectures and laboratory work will be directed by Dr. R. P. Durbin and Dr. A. K. Solomon of the Biophysical Laboratory, supervised jointly by the Harvard Graduate School of Education and the Biophysical Laboratory of the Medical School under the sponsorship of the National Science Foundation and the Atomic Energy Commission.

Instrumentation Workshop in Pathology

Sixty clinical pathologists from hospitals in 28 states and Saskatchewan, Canada and Havana, Cuba gathered at the Harvard Medical School on April 14 for a five-day "Instrumentation Workshop" sponsored by the New England Society of Pathologists.

During the one-week course the "student" pathologists received instruction in the use and maintenance of some of the newest scientific



Stanley Cobb, '14, and friend

instruments available to the profession. Among the instruments to be studied were the spectrophotometer and the pH meter. Classwork during the "Instrumentation Workshop" included instruction in *Basic Spectrophotometry*, *Practical Electronics*, *Blood pH Methodology*, and *Photofluorimetry*.

Dr. Bradley Copeland, Clinical Pathologist at the New England Deaconess Hospital, was in charge of the Workshop, believed to be the first of its kind to be offered to clinical pathologists in the United States.

The group dined at the Harvard Club where Dr. David Hume, Associate Professor of Chemistry at the Massachusetts Institute of Technology, discussed the prospects for the increased use of special instruments by clinical pathologists in the decade ahead.

Body and Mind

When Stanley Cobb rode his horse from Milton to his Medical School classes, he used to wear a fur cap on frosty mornings and arrive rosy from the cold to tie his horse outside the Medical School. The year was 1910 and psychology was splitting into two main streams. "Psychiatrist" and "neurologist" were almost synonymous terms up to and including Freud's time. But then, new concepts in psychotherapy began to draw psychiatrists' attention away from the study of brain physiology. In science, on the other hand, emphasis was

placed on the parts of man, almost to the exclusion of his whole. It was felt, as Dr. H. G. Woolf said, "that for the study of man in his context, the scientific method was inappropriate."

It was not a conscious sense of his role in bringing these two together, however, that prompted Stanley Cobb. He recalls his own youth:

"A boy in short trousers at the turn of the century, enthralled with the romance of the woods, hills and marshes, decided he was going to be a field naturalist. At sixteen he had become quite adept with scalpel and museum techniques, thanks to an older brother of his best friend across the road, who collected everything from snakes to skunks and had a museum of his own. Stammering kept the boy out of school for two years and he lived all the more in this naturalist's world, hunting alone afield and at home learning to organize, label and classify. On a fishing trip at seventeen he met a celebrated surgeon, who, leaning over and watching the boy skin a short-tailed shrew, remarked: 'I wish my hands were as skillful as that.' The boy's determination to be an explorer and a naturalist wavered under this compliment. The thought of being a surgeon

took root. Next year at college he took biological and premedical courses, and practically committed himself to a medical future, but his parents were skeptical because of the stammering. Efforts at trying to cure the stammer developed an interest in 'nerves' and psychology, which was stimulated by his professors—Parker, Munsterberg and Holt. By senior year the decision was formed to go to medical school and study neurology and psychiatry.”*

The excellent training which Stanley Cobb received at Harvard, Johns Hopkins, and Oxford, Berlin and Paris (including an internship in neurosurgery under Harvey Cushing at the Peter Bent Brigham Hospital) reflected these motivations, for, although the emphasis was on neurology, physiology and neuropathology, he acquired a thorough grounding in psychiatry, also, from Adolf Meyer at Johns Hopkins.

Returning from studies in England under a Rockefeller Foundation grant, he was asked in 1925 to set up and direct the new Neurologic Unit at Boston City Hospital, financed jointly by the Rockefeller Foundation and Harvard. Dr. Cobb's earlier contributions in the field of neuropsychology were directed toward defining the human nervous system. Using electro-physiological techniques, he investigated problems of spasticity and muscle tonus, and he contributed much to the knowledge of blood circulation in the brain. Together with William Lennox, he investigated and wrote a book on the complex etiology of epilepsy.

In all these studies and administrative duties, the psychiatric interest was not dormant, but implicit, for if one thought runs consistently through Dr. Cobb's work, it is the insistence on the unity of mind and body. Quoting Edgington, he said,

“We often think that when we have completed our study of *one*, we know all about *two* because two is one and one; we forget that we have still to make a study of *and*, that is to say, of organization.”

In 1934, this work of organization began in a formal way when Dr. Cobb was asked to organize a new Psychiatric Department at Massachusetts General Hospital. Here, for the first time, a psychiatric unit was placed in the context of a general hospital and the teaching of psychiatry was brought in direct contact with the early and acute problems in the community. Dr. Cobb's contribution in bringing to medicine and to internists an understanding of the rudiments of psychiatry cannot be

* *Why We Became Doctors*, edited by Noah D. Fabricant, M.D., Grune & Stratton, New York, 1954, pp. 127-128.

Think Back - - -

—Spring brought with it long awaited warmth and joy. The rivers filled; the fields turned green; the flowers bloomed and once again—the sound of birds. But with the sweet, came bitter: Some of the nastiest and most incomprehensible concepts enlivened our dreams at examination time. Completely unfair, insoluble questions rose up, crossed the subconscious vistas of the mind to trouble our usually imperturbable sleep, challenging us for an unknown answer, ridiculing our attempts and leaving us to awaken breathless to reality on examination day. But then the exams were over, quiet returned and sleep again was peaceful for a time.

The Alumni may now relive those dreams—as here below for your perusal stand this year's Third and Fourth year final examination questions challenging for answers—How would we fare now? How restful our sleep?



1958 THIRD YEAR COMPREHENSIVE EXAMINATION

Essay Questions—2½ hours—Choose four

1. Obstruction leads to infection. Under what circumstances is this true? Cite specific diseases to illustrate your points.
2. Discuss cardiac and pulmonary vascular shunts and their physiological consequences.
3. A patient has just undergone a subtotal gastrectomy for obstructing duodenal ulcer: A) List 6 potential complications occurring within the first 10 postoperative days. B) Outline the effects of this operation on the patient's bodily compensation to the alkalosis of gastric acid loss.
4. Discuss the difference between high small bowel and large bowel obstructions.
5. A 48 year old woman complains of weakness. Neurological examination is negative except for this weakness, which is symmetrical. List possible diagnoses and give the physiologic mechanisms and appropriate diagnostic studies for one.
6. Contrast the causes of jaundice in the first 2 weeks of life with jaundice in a man 50 years old.

overemphasized. Not only were patients from his own ward treated, but patients from the general hospital wards, also. It is easy today to forget how suspect were considered “psychosomatic” factors in the genesis of organic illness a few years ago. Few persisted more gently, yet stubbornly, than Dr. Cobb during this time for recognition of the complexity of factors in illness, and of the interrelationship of mind and body. His joy in surrounding himself with men of diverse backgrounds and philosophies came from a spontaneous interest in, tolerance and appreciation of new and different ideas. Happily, this joy was supported by a conviction that there was “plenty of work in medical psychology for more good Behaviorists, Gestaltists, Pavlovians, Sherringtonians, and Freudians.” He was chiefly distressed by the intolerance of any school of thought which sought exclusive claim to the truth and, although not a psychoanalyst

himself, he contributed a great deal by the use of his own experience and personal example to the tolerance—and later the acceptance—of psychoanalysis in Boston.

Though he belongs to no “school” of thought, Stanley Cobb may certainly be said to lean more toward Freud than toward Jung. In any case, the Ether Dome Incident in 1936 made him a strong contender for the most *Freudian* of Freudians slips. When Dr. C. J. Jung was in the United States on the occasion of Harvard's Tercentenary, he was presented to the assemblage in the famous Ether Dome of the Bulfinch Building at M.G.H. Dr. Cobb, announcing the guest, introduced him as “the great Dr. Sigmund Freud.”

For this rarely combined excellence in neurology and psychiatry, recognition has been wide. Dr. Cobb himself feels that one of the most cherished honors came in 1956 when he was given the Kober Medal, not by a

1958 FOURTH YEAR COMPREHENSIVE EXAMINATION

Essay Questions—3 hours—Answer all questions

Questions 1 through 12, 10 minutes each.

1. List the manifestations of the nephrotic syndrome and the diseases which may cause it.
- *2. List five conditions that may be associated with hypercalciuria and indicate the mechanism involved in each instance.
3. List the abnormal hemoglobins and discuss the clinical manifestations that may be associated with the presence of any *two* of these.
4. Give a pathological classification of cancer of the thyroid and list the biological characteristics of each major category.
- *5. a) Define "positron emission." Describe briefly its advantage in tracer studies and give a specific example of a positron-emitting isotope with its clinical application.
b) Define in general terms: 1. curie 2. rad 3. rep 4. roentgen.
6. Describe the expected fate of small skin grafts exchanged between: a) Parent and full-grown offspring; b) Dizygotic twins; c) Monozygotic twins; d) Two members of different mammalian species of the same genus.
7. Describe the syndrome of alveolar-capillary block. List the clinical disorders that may cause this phenomenon.
8. Outline the origin and excretion of bilirubin in the normal adult.
9. Outline the clinical picture following sudden complete occlusion of the following: a) Aortic bifurcation; b) Left middle cerebral artery; c) Superior mesenteric artery; d) Right posterior inferior cerebellar artery.
10. List five (5) congenital malformations involving the gastrointestinal tract commonly manifested in infancy. Select two (2) of these, and discuss diagnosis and treatment.
11. A middle aged previously healthy man is brought to the emergency ward from the scene of an automobile crash. He is unconscious, is bleeding from scalp and face lacerations and nose, and also from a gaping puncture wound of the thigh. There is obvious deformity of this thigh at the level of the puncture wound. His blood pressure is 40/0 and his pulse is 130.
Outline the management of this patient for the first 24 hour period, listing diagnostic and therapeutic measures in order of priority.
- *12. Define, give normal blood values for, and describe how they are derived. a) Total CO_2 ; b) CO_2 combining power; c) Bicarbonate; d) Partial pressure of CO_2 ; e) Dissolve CO_2 ; f) pH.
Indicate the values one might expect to find for each in a patient with a) Severe respiratory acidosis; b) Severe metabolic acidosis.

Question 13—1 hour

13. Discuss the mechanisms involved in the formation of ascites and cite some of the important experimental and clinical evidence relating to this problem.

*I failed these—Proofreader, H.M.S. 1916, T.H.L.

neurological association, but by the Association of American Physicians, for the breadth of his contributions to medicine. The *Foundations of Neuropsychiatry*, which Dr. Cobb wrote primarily for the general medical student, has just seen its sixth edition, and he is the author of such intriguing titles as, *The Borderlands of Psychiatry*; *Emotions and Clinical Medicine*; "Human Nature and the Understanding of Disease;" and "The Integration of Medical and Psychiatric Problems."

Dr. Cobb's first published work was called "Nesting of the Golden Crowned Kinglet in Massachusetts." Since his retirement in 1954 he has returned to his early love of ornithology in a different manner, by studying the comparative anatomical configuration of bird brains, in particular, that interesting and unusual bird, the woodcock, which (or who) possesses not only a bill two or three inches long which it sticks deep in the mud, but eyes on

the back of its head to spy approaching danger while thus stuck. In a sense, this interest is also a continuation of the research on animal behavior, on cats and monkeys, carried on as Bullard Professor of Neuropathology during his years at the Medical School.

A good friend has said that Stanley Cobb, underneath the protective plumage of a Boston Brahmin, has the mind of a scientist and the soul of an artist. An ardent sailor, hunter and sportsman as well as a water-colorist, he has in recent years been obliged by his arthritis to restrict physical activities. The scientist and the artist have become even stronger: few scientists, for instance, would make a tribute to art as he did:

"The greatest contribution is still that of the inspired poets and prose writers; intuition still plays a great part . . . and intuition, to my mind, is simply wide experience used as a short cut."

And in the closing lines of his book, *Emotions and Clinical Medicine*, he writes,

"Shakespeare says, 'Men have died from time to time and worms have eaten them, but not for love.' Perhaps he is wrong, if all the stage is set against one. In another play he almost expresses the theme of this book:

'Give sorrow words: the grief that does not speak,
Whispers the o'er fraught heart, and bids it break.'"

Was the value of psychotherapy ever more beautifully expressed?

The Boiler Bursts

At 2:15 on May 20, mounted police blocked off the top and bottom of Avenue Louis Pasteur. We were waiting on the steps at the Longwood Avenue end of the Quadrangle for the boiler to blow up at Boston Latin School. It did promptly at 2:30 and fire engines and police ambulances streamed in with hook and ladder to pick up victims and bear them off to the Brigham Emergency Ward, amid the cheers of an impromptu audience of medical students.

All went smoothly and according to plan: one patient was dead on arrival; three died subsequently; a hysterical case arrived in strait jacket and performed with such fervor that attending doctors were discomfited.

All 29 boys had tags indicating their injuries: most were "fractures" and "burns." They were duly "treated" with plasma, blood, traction and loving care, according to a theoretical preconceived plan. Stockpiling had been considered illegal and unfair but, nevertheless, there was an uncanny awareness of impending disaster shown by the staff. In other areas, unrealistic speed and simplicity of treatment were criticized.

At 5 P.M. the patients miraculously rose from stretchers, from operative tables, from ward beds and "morgue" and proceeded to the hospital dining hall for a free meal. The mock disaster was over. Nurse and doctor, administrator and orderly, newsman and cameras returned to their interrupted duties and order and quiet once again prevailed.

A Lawyer's Dicta on Doctors

The George W. Gay Lecture upon Medical Ethics

by

THE HONORABLE FELIX FRANKFURTER

Associate Justice of the United States Supreme Court

In inviting me to speak under the auspices of a lectureship concerned with medical ethics, your Dean was good enough to say that the widest scope may be attributed to the province of ethics. Surely mind and morality cannot be compartmented. Not only is there no hostility between intellectual and moral integrity, but I suspect only in the rarest cases can they exist separately. The mind has its morality, and the mind is part of the total man. A scholar's fastidious scrupulosity is not likely to be restricted to his subject. Conversely, the implications of explicitly moral qualities—truthfulness, humility, sympathy toward and tolerance of other views—interpenetrate the processes of the mind. Centuries before Freud shed so much light on the internal drama within each of us, Pascal said: "It is finally thought which is the essence of man and without which one cannot conceive him. Let us work then to think aright—that is the principle of morality." If I speak in the spirit of this outlook, I hope I shall not be straying outside the broad purposes of this lectureship.

Although I am authoritatively informed that no one could know less than I do about the human body and how to treat it, I dare to appear before you despite that ignorance and as one belonging to a profession presumably not at all closely related to yours. Perhaps there are ties between Medicine and Law that are deeper than surface indications. One is told that neither Medicine nor Law is the oldest profession. But I

believe that the two of us are the oldest respectable professions.

It is said, with what historic truth I leave to others, that in the beginning the priest and the lawyer and the doctor were almost interchangeable professions. It would be surprising were this not so. Our relationship—the interests and communities that bring us together—did not disappear in the mists of history. They are in fact becoming more manifest the more searching the examination of the problems of our professions. Separateness is deemed less and less an edict of Nature. There has been, I am led to believe, not only a greater awareness of interdependence of the basic sciences within medicine; there is also a growing awareness of the interdependence of the different professions themselves. Law and medicine live less and less insulated, one from the other. A sense of collaborative duty between medicine and law derives from a recognition of the inadequacy of the knowledge in either field alone, and the realization that each is but part of a larger whole. Obscure borderlands between different domains of inquiry are on the increase.

I do not mean merely the immediate, loosely called practical, relations between law and medicine, important as they are. There is the enormous role that mental and emotional states play in the concerns of medicine, and law's increasing concern with questions of mental health in a variety of situations. This interconnection between law and medicine is prominent not only in the sphere of law most important to society—criminal justice—but in matters testamentary, and other legal problems where questions of so-called "insanity" arise. Law and medicine have

increasing interplay outside the administration of the criminal law. There is the vast field of tort liability—concerned with injuries arising on land and sea and in the air—and the relation of the medical expert to litigation, the way the law should use him and the way he should not be used. We will get nowhere if we begin by apportioning blame for abuses as between medical experts and lawyers; I am not sure we would get much further if we distribute credit, because both professions are inadequate. We had better concentrate on the long vistas of service ahead, and make thoughtful inquiry how to discharge our respective responsibilities. More than that, what the medical profession and the sciences generally are beginning to realize is that beyond their immediate professional concern, be it biology or history, anthropology or law, are deeper questions touching the working of the human mind, the fascinating, elusive inquiry into the nature of the creative process. Underlying all the so-called principles of every profession are mocking questions of how we think and the validity of what we think, the puzzling nature of the whole process of thought, as the human mind increasingly explores itself. All this is begetting common inquiries and therefore increasing understanding between our two professions.

In the course of my life, I have encountered four famous doctors, two through history, two in person, whose response to experience, whose modes of approach to problems, whose qualities, call their faculties what you will, led me to reflect about the demands and the shortcomings of my own profession. If the interest aroused by these four

Editor's Note: This Gay Lecture was given by Mr. Justice Frankfurter at the Harvard Medical School on March 21, 1958.



doctors can have led to self-searching reflection in a lawyer, perhaps it may not be idle to indicate to an audience of future doctors what significance for the pursuit of both of our professions I find in the careers of four men who started out as ordinary medical practitioners. I want to talk about these doctors because they illustrate, to put it summarily, the kind of qualities, the kind of attitudes, the kind of purposes that doctors should pursue as much as they can be pursued in the hurly-burly of life. For you will have to struggle against falling into the slothfulness of not leaving yourself time, as so many lawyers do not, for the pursuit of the larger vistas of your profession.

Let me speak of these four doctors whose work seems to be to carry important significance for the work of all of us. As you will in due course come to realize, twenty or thirty years hence, somebody on your faculty will have had a strong influence on your life, even though you may not be able to recall a single thing he said in a lecture or at a ward-round. Let me bring them before you chronologically.

The first is he whom Osler called "a backwood physiologist" but "the first to make an important and enduring contribution to this science." William Beaumont was born in 1785 and he had one of those medical apprentices' educations in the metropolis of St. Albans, Vermont. Being an apprentice meant sweeping the floor, building the fire, filling prescriptions, accompanying his doctor on his rounds in his wide-flung country practice in that horse-and-buggy age, watching what he did and what he did not do. That's the way Beaumont got his medical education. He practiced, such practice as there was, and then the War of 1812 changed the course of his career. He became an assistant surgeon stationed in Plattsburg, New York. Finding medical life in the army congenial, as others have found it since, for one reason or another, he remained in the army and ended up at Fort Mackinac, Michigan, then a town of 500.

It was through my friend, Dr. Walter Cannon, that I came to know about Beaumont. But let me give you the starting point of his significance in the vivid account by Osler, who devoted a paper to Beaumont in a volume of essays entitled, "An Alabama Student," which I commend to you (page 6):

"... The fort was occupied by United States troops, who kept the Indians in check and did general police duty on the frontier, and the place had become a rendezvous for Indians and voyageurs in the employ of the American Fur Company. On this bright spring morning the village presented an animated scene. The annual return tide to the trading-post was in full course, and the beach was thronged with canoes and bateaux laden with the pelts of the winter's hunt. Suddenly from the company's store there is a loud report of a gun, and amid the confusion and excitement the rumour spreads of an accident, and there is a hurrying of messengers to the barracks for a doctor. In a few minutes an alert-looking young man in the uniform of a U. S. Army surgeon made his way through the crowd and was at the side of a young French Canadian who had been wounded by the discharge of a gun, and with a composure bred of an exceptional experience of such injuries, prepared to make the examination. Though youthful in appearance, Surgeon Beaumont had seen much service, and at the capture of York and at the investment of Plattsburg he had shown a coolness and bravery under fire which had won high praise from his superior officers. The man and the opportunity had met..."

Just as some famous case may immortalize the litigant's name in legal history, so Alexis St. Martin, the young French Canadian, is linked with the achievement of Dr. Beaumont. Beaumont found several gunshots in his patient, who became known as the fellow who had a "stomach with a lid." Soon Beau-

mont realized that he could see through the hole made by the gunshots. Having had Alexis under observation for a year, Beaumont said to himself, "By Jove, I can study the digestive process if I keep looking through this hole," and he did, from 1822 till 1834, when Martin finally left him. During all that period Beaumont, with intermittent periods when Alexis escaped to Canada and the fur company helped to bring him back, made a study of the gastric juice and digestive process, and with such illumination that his work has been compared to that of Claude Bernard. There surely must have been earlier cases of gastric fistula, but Beaumont was the first to seize the opportunity for its study. And he wrote a book in 1838 with fifty-one conclusions. I am told by those who are entitled to speak on the subject that most of the conclusions are valid to this day. Why do I speak of Beaumont? Well, think of the enterprise of an army-post doctor at Fort Mackinac, 1822, in seizing the opportunity for extending the boundaries of knowledge, the care and tenderness with which he took Alexis St. Martin into his own home, and when the fellow got tired of being a guinea pig and escaped, the pertinacity of Beaumont over a year or two in trying to get him back so that he could continue his physiological observations.

Then Beaumont decided to write a book to make his knowledge available. He realized that he needed wider knowledge than he had. For instance, he lacked chemical knowledge, so he turned to the studies in books written abroad and sought knowledge through correspondence. In short, Beaumont was not content to take this as a patient's case, treat it with all the care and tenderness with which doctors treat patients. He saw an opportunity to extend the area of knowledge beyond the range of his practice and the limits of his then competence. He had to improvise the means for fruitful inquiry. He had to improvise devices for enlarging the scope of contemporary learning. Finally, by patience

and pertinacity, and I stress pertinacity—as important for a doctor as for a lawyer or a soldier in battle—with pertinacity he put on paper a book that lives to this day.

The second doctor about whom I am concerned came my way through his relation to law, more particularly because of his contribution to enlightenment in grappling with the very difficult problems of criminal responsibility. It is an interesting coincidence that of the four doctors I am bringing before you, two were Yankees and two Southerners, two had apprentice training, and two university training. It just happens that this is so, but it may indicate that there are factors in the make-up of a significant doctor or lawyer that transcend the influence of their conventional equipment. Dr. Isaac Ray was a Yankee. He was an apprentice to a Boston doctor, one of a famous Boston medical family, the Shattucks. Ray then went up to Maine and got what the medical school at Bowdoin could give him. How good Bowdoin Medical School was in the '20's of the last century I know not, but in any event, Ray did not stay there long. He settled down into practice in that thriving, international seaport of Eastport, Maine! I have not bothered to look up the population of Eastport more than a hundred years ago, as I would have done if this were a Supreme Court opinion, with footnotes and all that. I am talking student to student. His practice kept him busy, but he also read books. He read books published abroad, where medical science and education had deeper cultural roots, and he read them in the original French and German. I suppose his wide reading partly accounts for Dr. Ray's development, though I suspect the Lord had something to do with his brains. At all events, here was this young, not too thriving, physician in Eastport, Maine, reading these stimulating foreign books. This doubtless led him to realize that English thought dealing with this dark subject of criminal responsibility, as much the concern of doctors as of

lawyers, continued to reflect notions of criminal responsibility, and "insanity," that went back to the views of a great English judge, Sir Matthew Hale. Ray found that in Maine and Massachusetts and generally, law accepted as legal dogma, the inadequate, questionable presupposition of the medical science of the 17th century. Ray did not think that that was good enough and so put thought to expression and wrote a book called "Medical Jurisprudence of Insanity." Published in 1838, his book inveighed against this deference of law to outmoded, invalid medical presuppositions. He particularly attacked the now discarded notion, that questions of legal responsibility insofar as they concern so-called mental states turn solely on the cognitive faculties. He realized that the problem calls for inquiry not merely into what is cerebration, but has something to do with the affective faculties, the emotions. His interests and self-training led Dr. Ray to leave his Eastport practice to become director of a state medical institution for the insane, and later, the superintendent of a private hospital for the mentally ill, the Butler Hospital in Providence, Rhode Island. As a result of interchange of ideas between himself and another notable intellect, Charles Doe, one of the greatest of state court judges, Ray's views were adopted by the Supreme Court of New Hampshire, and only the other day his views largely influenced the Court of Appeals of the District of Columbia in rejecting the ancient law. Once again you have a formally badly trained physician, settling down in a small town and somehow finding the time and stimulus for reflection. He fed his mind by reading and writing. His book, written more than a hundred years ago, is still an influential document when deciding whether a person is deemed criminally responsible.

In my remarks on Dr. Ray I do not mean to imply any views on the much controverted issues, of criminal responsibility. Especially do I not wish to be understood as suggesting that the legal consequences

of their findings should be left to psychiatrists. Psychiatric theories are not the equivalents of the social policies that underlie law.

I next come to the two doctors whom I knew in the flesh. Many years ago, when I was connected with the War Department in the days when that Department administered Puerto Rico and the Panama Canal, I fortunately encountered two great doctors. One of them was General Gorgas, a Southerner. He did have a formal medical education under the great Popsy Welch, when Welch was at Bellevue Hospital in New York. Gorgas was a fascinating creature, a handsome man, who became a doctor by a circuitous route. He started out as a lawyer but was not the only man whom the law did not please. He left the law for medicine.

He could not enter West Point for reasons that need not detain us, but being a bright young fellow he said to himself, "I'll study medicine and then I can get into the medical corps of the army and thus into the army." In this roundabout way, Gorgas, thanks to the contingencies of life, found himself. Contingency is, I suspect, the single most important factor in the lives of all of us, except those supremely endowed in the arts or in the domain of abstract thought with what may be rightly called genius. For the rest of us, something happens to give us opportunities of which we cannot say "We planned it that way." But contingency does not make a man or determine his achievement. Pasteur's familiar dictum, "Discovery comes to the prepared mind," is true in all fields of endeavor. So it was with Gorgas.

Gorgas was born in 1854 and so was still young enough for service in Cuba when the Spanish-American War broke out. You will recall that our army found Cuba ravaged by yellow fever which was a "filth" disease. So they began to clean up like fury, and it was natural to expect that where people with the most money lived it would be cleanest and therefore freest of yellow fever. But

strangely enough, that's where the incidence of yellow fever was the highest. The masses of Cubans, the so-called natives, living in squalor, were immunized. Not so the comfortably situated. I don't have to tell you about Dr. Walter Reed and his discovery that the mosquito was the carrier, a particular mosquito, one of the hundred species. Dr. Gorgas's far-reaching contribution—he was at that time a Captain, maybe a Major—was to conclude that if the mosquito does it, then the mosquito must be destroyed. This now seems a simple deduction but the opposition he encountered was fierce. Indeed, all these doctors about whom I'm talking, even when they demonstrated what by hindsight seems to be the obvious, had the hardest time in getting acceptance. Beaumont was unable to get an appropriation of \$5,000 to pursue his study of gastric fistula. Congress was then, as it is often now, patriotically too parsimonious to give money for such scientific purposes. So, likewise, Gorgas had nothing but opposition when he said we've got to swat these mosquitoes for keeps. I suggest that you medical students read Dr. Gorgas's *Life* by Burton Hendrick and Mrs. Gorgas and see the heartbreaking difficulties put in his way, over which he triumphed. He triumphed over the difficulties, by pertinacity in following his informed, clear vision. Then came the building of the Panama Canal where for a long, long stretch the French had failed because of yellow fever. Colonel Gorgas was well-suited for his part in the building of the Panama Canal. In six months he removed a historic pest that had caused tremendous loss of life and had been responsible for failure to complete the canal.

Dr. Gorgas did not shake all this great achievement out of his sleeve. In his early days he was stationed in Texas. In those days, at least, men had much free time at these army posts. A few of them, like Gorgas, did not vegetate or spend their free time in conventional futilities. His biographer says that Gorgas "meditated." Gorgas read books and re-

flected. Having an inquiring spirit to direct his energy, he seized his opportunities in Cuba and in Panama. His achievements received the widest acclaim and this great benefactor was invited to eradicate these death-breeders all over the world. He died in London on his way to the Congo, in 1920. By that time, President Wilson had made him Surgeon General, and it is not without symbolic interest that King George V visited Gorgas and conferred upon him the Grand Order of St. Michael and St. George as he lay a-dying.

Finally, let me speak briefly of Dr. Bailey Ashford, the other Southerner. I saw something of him before the First World War in Puerto Rico. From what he told me, I can confidently say that he did not have as good a medical education as that which you fortunately enjoy. In any event, it was not his medical school that gave him the stimulus to brood over what he saw as a young surgeon in the Public Health Service in Puerto Rico in the wake of the Spanish-American War. Down there people died like flies from what was called anemia. The local people spoke of it as *muerte natural*—the natural death. They just took it for granted; it was a visitation of God; you just died, as sooner or later all of us die. That did not satisfy Ashford. His concern became deeply stirred. The awfulness of it made his conscience restless and provoked thought. He was in his twenties when this happened. One day he made a blood test, and looking through the microscope, he found something unexpected. Through scientific identification he established hookworm disease. Ashford did that job in Puerto Rico, and then did important work in the movement against hookworm in the South, where the disease was so prevalent. He returned to Puerto Rico, determined to pursue medical science on that Island, and in due course became professor of tropical diseases at the Medical School of the University of Puerto Rico. He illustrates the qualities of intellectual awareness and of

character, by way of courage and persistence, that make thought fruitful. Like the other three, he questioned, doubted, tested, verified, and doggedly acted on his findings. He also illustrates something else. I mentioned a minute ago the importance of cultivating the imaginative sensibilities. Over the years I have had much need of an orthopedist, and I wonder if it was a silly coincidence that the one who helped me most played the cello. Dr. Ashford was also a musician. Doctors, I've noticed, frequently pursue the arts, as amateur creators and not merely as appreciators.

Let me try to tie together these odd bits, these seemingly unrelated items. It is true of my profession, and on the basis of some observations of the medical profession I am tempted to wonder whether you think it's wholly untrue of yours, that there are three shortcomings that those within the profession are apt to have, if they are not aggressively on the lookout to avoid them, three limiting tendencies that are inimical to spending one's professional life in the most profitable way. In the first place, too many lawyers, and I leave you to decide whether it's true of doctors, pursue their calling too narrowly. Am I wrong in feeling that on the whole there is a tendency in doctors to stick too close to their immediate concern and to move too confinedly in their narrow specialized groove? This is certainly true of lawyers. Secondly, lawyers, and I leave you to decide to what extent this applies to doctors, live within their profession too exclusively. Intellectually they travel little outside it. You mustn't allow your profession to imprison you. The lawyer should not absorb the man; the doctor should not absorb the man. The man should not be confined by the doctor; the man should not be confined by the lawyer. The great Dr. Welch said, "The more medicine becomes applied science, the greater the need of the cultivation of the humanistic side of medicine," and he pointed out that two of the greatest men with whom he had profes-

sionally collaborated, Dr. Osler and Sir Clifford Allbutt, were better physicians, better teachers and had far greater influence within the profession and in the community generally by virtue of their close literary and cultural interests, which I would like to call medical humanism. And the other reason for getting outside of your calling, looking at it from without, is what Osler was talking about when he said "cultivate intellectual detachment, a sort of separation from the vegetative life of the workaday world, always too much with us, which may enable a man to gain a true knowledge of himself and of his relation to his fellow men. Thereby, self-deception will be rendered more impossible and in such an atmosphere pity for one's self is commingled with sympathy for others and thereby revokes the tendency toward harsh and unjust judgment of others." I said the trouble with my profession is that it is conceived too narrowly. Specialization is necessary, but specialization is mutilation of the whole. Specialization doesn't come from nature. Problems are presented by nature. Clients do not come to a lawyer and say I am a torts question. I am a constitutional law question, announcing themselves as though they were Rotarian units. I wonder if the same is not true in Medicine. In the law, and maybe in medicine, the profession is pursued too exclusively. Finally, it is certainly true of the law that its profession is pursued too individualistically, meaning by that that there is a failure to keep in mind through self-education and alertness what Senator Root called "the public profession of the law."

Am I wrong in having found evidence that this may be true of medicine? All scientific endeavor is a social phenomenon. These four doctors of whom I spoke, at least in part, built on their predecessors and contemporaries. The pursuit of knowledge, the attainment of new knowledge, is a social enterprise. But over and beyond that, the specific instance is apt to have social en-

tanglements. Ashford saw that in Puerto Rico. Gorgas saw that in Cuba. Ray saw it in Eastport. When one considers the disclosures that are accumulating concerning the relation of social, hygienic, economic conditions to health, the notion that medicine is to be thought of predominantly as some private enterprise, merely a matter between a doctor and a patient is surely inadequate. My profession is pretty bad and surely I don't want to exculpate it. But I am bound to say that I should be a little troubled if my profession hired an advertising agency to work out its relations with the government. After all, the social, national, country-wide implications of medicine are as old as this country. The Public Health Service, the Marine Hospital Service go back to the days of John Adams. I am not competent to have any views on the very difficult problem of the relations between the medical profession and society. But the notion that it is just an individual affair between a patient and a doctor seems to me totally discredited by all we know.

But I do not want to leave you by appearing to put the burdens of the world upon your shoulders. Most of you will, after all, be bringing children to birth, guarding their health, ministering to the sick and restoring them to health where possible and, not least, mitigating the debilities of the aged. In short, most of you will be spending your lives in private practice, thereby performing a great social function although it is carried out in the intimate, private relation between doctor and patient. What this implies was the theme of one of the memorable lectures in this series, Dr. Francis Peabody's "The Care of the Patient." But let me recall an earlier utterance by a doctor whose greatness as a humanist exceeded even his distinction as a physician. I wish I could persuade at least some of you to read Dr. Cushing's *Life of William Osler*, every word of its 1372 pages. Perhaps I can stimulate you to do so by putting in Osler's

gifted words the spirit in which you should face your calling as a doctor (page 18):

"A conscientious pursuit of Plato's ideal perfection may teach you the three great lessons of life. You may learn to consume your own smoke. The atmosphere of life is darkened by the murmurings and whimperings of men and women over the non-essentials, the trifles, that are inevitably incident to the hurly-burly of the day's routine. Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints. More than any other, the practitioner of medicine may illustrate the second great lesson, that we are here not to get all we can out of life for ourselves, but to try to make the lives of others happier. This is the essence of the oft-repeated admonition of Christ: 'He that findeth his life shall lose it, and he that loseth his life for my sake shall find it.' It is not possible for anyone to have better opportunities to live this lesson than you will enjoy. The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, the wise upon the foolish. To you as the trusted family counsellor the father will come with his anxieties, the mother with her hidden griefs, the daughter with her trials, and the son with his follies. Fully one-third of the work you do will be entered in other books than yours. Courage and cheerfulness will not only carry you over the rough places of life, but will enable you to bring comfort and help to the weak-hearted, and will console you in the sad hours when, like Uncle Toby, you have 'to whistle that you may not weep.'"

The King's Touch



for the King's Evil

Robert M. Goldwyn, '56

In this age of increasing therapeutic techniques and decreasing ruling monarchs, the king's touch for the King's Evil has largely disappeared. Only two hundred years ago, the courts of both England and France touched away the King's Evil with great homage and solemnity. The King's Evil was generally considered another name for scrofula, now

understood to be tuberculous lymphadenitis of the neck. Some Latin writers of the classical period, however, applied the term "king's evil," *morbus regius*, to jaundice. Until the fourth century, this meaning persisted, for reasons still disputed. Crawford states that "no word in the whole of medical terminology has been more ill-used than the word

'scrofula' . . . 'scrofula' is undoubtedly derived from '*scrofa*,' which Juvenal, among others, uses for a sow; and any one who will casually observe the prominent submaxillary pouches of the sow, will see an obvious reason for the name . . ."

For centuries, each side of the English Channel has claimed the distinction of originating the custom of

touching for the King's Evil. Long before the royalty of England and France came into being, however, kings were miraculously curing by touch. Pyrrhus, King of Epirus, in the third century B.C., cured diseases of the spleen with the touch of his right great toe as the sufferer lay on the ground. Vespasian touched away blindness and lameness; while Adrian cured dropsy with his fingertips. It is not difficult to imagine that a society which recognized the divine right of kings should impute to them heavenly remedial powers.

The first clear and supposedly reliable record of royal healing in French or English history concerns the English king Robert the Pious (966-1031 A.D.). His contemporary, Helgald the monk, described his ability to cure "sick folk and chiefly lepers" with "the touch of his holy hand." Poorly substantiated but often quoted is the French legend ascribing the birth of the royal touch to Clovis at his coronation in 496, A.D. We do know that the French kings Philip I (1061-1108) and Louis VI (1091-1137) did touch for scrofula; but with Edward the Confessor (1002?-1066) touching for scrofula became solidly established in England. An anonymously authored chronicle of this period indicates that the Confessor was the first English king to touch on a grand scale, and that this power came to him through his innate goodness and not his kingly descent—an important theologic point. This same document states that healing by touch was then novel in England but well-known in France. Edward attempted to heal many diseases through touch, but, with his immediate successors, only scrofula and occasionally the bubonic plague were targets for this therapy.

The English kings had treated the Evil simply: a touch, a blessing, a sign of the cross, and a dole of one penny. In France with Louis IX, called Saint Louis (1215-1270), the ceremony became more complex and more religious, involving fasting, prayer, the Holy Sacrament, and the pronouncement by Louis of

the famous words: "The king touches, God heals thee."

Henry VII (1457-1509) popularized his reign over his English subjects by conscientiously codifying the healing ceremonies. To each patient, furthermore, he gave a "golden angel," a coin, and the sufferer would wear the cherished amulet around his neck. During this period, a medical man, Andrew Boorde, noted that scrofula was not simply glandular enlargement but was characterized by suppurating sinuses. Queen Mary, "Bloody Mary" (1516-1558) treated the ceremony with great reverence and in the Tudor tradition, placed both hands on the parts affected.

In 1597, Doctor William Tooker, chaplain to Queen Elizabeth, published the "first systematic treatise" on the King's Evil. As chaplain, he was intimately concerned with the "touching" ceremonies, and he has furnished an interesting account of them. The Queen would see *any* poor person "destitute of every earthly physician." A wealthy person, however, had to have been pronounced incurable before receiving the Queen's attention. The Queen would see the sufferers on any day at some place of worship. The royal surgeons were required, however, to examine each patient to make certain the disease was truly scrofula, since some of England's more enterprising imposters would come just for the free gold-piece. The surgeons were further instructed to cover with "some inert plaster" any revolting feature so that the Queen would not be "disgusted at the sight of it." At one healing session, the Queen touched as many as fifteen hundred people.

The periodicity of scrofula, its frequent remissions, added credence to the sovereign's healing powers. In *Macbeth*, Malcolm says:

"'Tis called the Evil
A most miraculous work in this good
king;
Which often since my here-remain in
England
I have seen him do. How he solicits
heaven,
Himself best knows; but strangely-visited
people,

All sworn and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures,
Hanging a golden stamp about their necks,
Put on with holy prayers; and 'tis spoken
To the succeeding royalty he leaves
The healing benediction. . . ."



"In France with St. Louis (1215-1270), the ceremony became more complex and more religious. . ." This delicate painting was done about 1510 by Bernardino Fungai, an artist of the Umbrian-Sienese School. It belongs to the Samuel H. Kress Foundation.

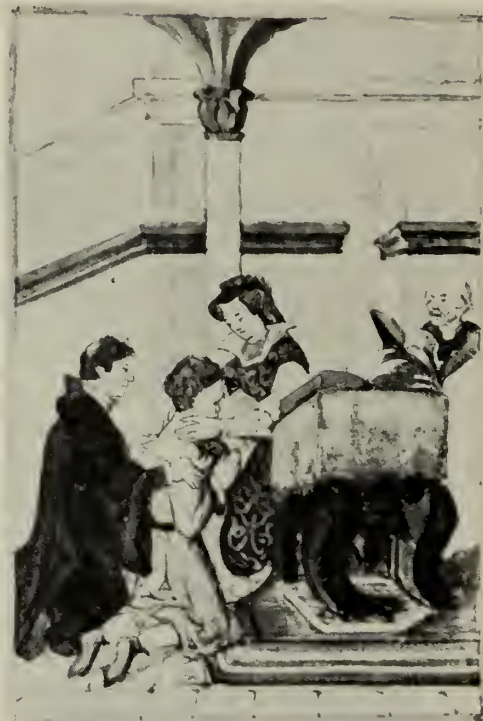
Perhaps Shakespeare was thinking of his king James I (1566-1625), who continued the royal touch to please his English subjects, although he, a Scotsman, felt that he was supporting a superstition.

Across the Channel, the French

The Manner of His Majesties Curing the Disease, CALLED THE K I N G S - E V I L.



Charles II touching for the King's Evil



*Queen Mary touches a scrofulous boy
(From Queen Mary's Manual)*



*Edward the Confessor touches a scrofulous woman
(From La Estoire de Seint Ædward le Rei)*

monarchs were busily engaged in a touch-and-go contest—the historical box-score has Louis XIII touching 800 at his coronation in 1610—being surpassed by Louis XIV, who, at his coronation, in 1638, touched 2600.

Despite his tireless mistress hunting, Charles II (1630-1685) found time to perform his sacred duties for abating scrofula. With the Restoration the number of touchees spectacularly increased. Evelyn wrote in 1684, "There was so great a concourse of people with their children to be touched for the Evil, that 6 or 7 were crushed to death by pressing at the chirurgeon's doore for tickets." Over the course of nineteen years, the patient load of the merry Charles II was 90,798. Samuel Pepys observed that Charles performed his duties with "great gravity" though he considered it "an ugly office and a simple one." Unwilling to specialize, Charles II treated many kinds of sores and, therefore, may have been successful, fortuitously, with the more benign lesions. James II was a less active toucher than his brother Charles II. James's successors, William III, George I and II, did not touch for the King's Evil. William considered it a "silly superstition" and once told a scrofula sufferer, "God give you better health and more sense."

In the eighteenth century, louder, more enlightened voices were raised in disbelief of the king's touch. Queen Anne, however, continued the practice. On March 30, 1712, in St. James's Palace, she touched two hundred, among whom was the 2½ year-old Samuel Johnson, brought there by his mother, on the recommendation of a famous Lichfield physician, Sir John Floyer. "I was taken in Lent to London to be touched by Queen Anne." Queen Anne did little good for the giant of Gough Square and Johnson remained disfigured by scrofula throughout his life. Even the cynical Jonathan Swift fell under Anne's spell and he would arrange for his favorite scrofulitics to undergo the Queen's touch.

After Queen Anne, touching con-

tinued sporadically in England until the late eighteenth century but it was honored "more in breach than its observance." The French court of Louis XVI stalwartly refused to

guise of the percussing fingers and the palpating hand.

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Queen Anne touched the 2½ year-old Samuel Johnson in St. James's Palace on March 30, 1712. However, Johnson remained disfigured by scrofula throughout his life. The fashion of high collars helped conceal the scars. Sir Joshua Reynolds' portrait of Dr. Johnson is from a mezzotint by William Doughty made in 1779.

let the ceremony die. It persisted in Louis's time despite a report showing a cure rate of 5 per 2400. Charles X was actually the last French king to touch for scrofula. He revived the custom at his coronation in 1824. But it was only a swan song. The final knell had sounded, and touching for the King's Evil came to rest in history's cemetery for the once honored but now forgotten. Today, from the patient's viewpoint, shades of the ancient rite still live in the

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Daddy!



Award winners of the graduating Class (right to left): Lewis P. James, Jr., Sergei P. Sorokin; Christian von Hoyningen-Huene; Phyllis Bodel; Walter E. Nance; Joseph W. Burnett; Myron Hofer; and Allan Klinan.

Photographs by William Tobey and
David Lawlor

Impressionists



Hindsight is always better than foresight.



"Paging Dr. Quigley!"

Participants in the University's commencement exercises in Harvard Yard. Three years ago, the Harvard Medical Alumni Association began the custom of giving a luncheon in Lamont Library for the graduating Medical Class and their families, immediately following commencement ceremonies.



Dr. Berry awards a diploma in Lamont Library.





LeMoyne Snyder, '23, electrified his audience when he challenged them with murder.

The late Dr. Reginald Fitz, '09, began the practise of holding Alumni and Class Day festivities in the Quadrangle. When asked what would be done if it rained, he replied that it simply would not rain on these two days. Thus Dr. J. Englebert Dunphy, '33, acknowledged the fine weather that favored both the Alumni and Class Day celebrations this year.

At a short business meeting prior to the morning program on May 30, Dr. Arthur T. Hertig announced the top nominations for three new Alumni Council members. Nominated and approved were Joe Vincent Meigs, '19, Herbert Charles Moffitt, Jr., '41, Howard Burnham Sprague, '22. Dr. Russel H. Patterson, '18, retiring President of the Alumni Association, announced the names of retiring Council members. They are: Gordon A. Donaldson, '35, Claude E. Forkner, '26, and Joseph Garland, '19.

Dr. Dunphy, moderator for the morning program, introduced the new officers of the Alumni Association. President for 1958-59 is Charles C. Lund, '20; also serving for one-year terms are Rolf Lium, '33, President-elect, and William R. Pitts, '33, Vice-President. Re-elected for three-year terms were James H. Jackson, '43A, Secretary, and John R. Brooks, '43B, Treasurer.

As representative of the 25th Reunion Class, Dr. Rolf Lium, replacing Fred A. Simmons who was ill, presented to Dr. Berry a Class Gift of \$81,833, the largest gift ever presented by any class. Expressing appreciation for this gift and for total Alumni support, Dr. Berry added

Alumni Day

that Harvard Medical Alumni have a record of the largest unrestricted giving of any medical school in the country.

Dr. Dunphy announced to an overflow audience that loudspeakers would broadcast in Building C Amphitheater. The loudspeakers in the Quadrangle, he said, would be used for paging during lunch and cautioned Alumni to stop chewing during paging lest they not hear when their names were called.

Alumni Day Speakers

Dr. Kendall Emerson, Jr., '33, Assistant Dean and Chairman of the Medical School Committee on Admission, contrasted Medical School admission procedure of fifty years with that of today. Doctors, he said, were formerly a profession "born to the cloth." Admission, for these students, was a matter of crossing the Charles from Cambridge to Boston and registering at the Medical School. Psychological tests of increasing complexity now help choose our medical aspirants.

Harvard Medical School applicants, Dr. Emerson said, register practically no interest in technical or mechanical affairs, business, banking, accountancy or salesmanship. Highest interests are in the natural and biological sciences, humanitarian services, law, and self expression through speeches and writing.

Dr. Hermann Blumgart, '21, Professor of Medicine, gave an interesting interpretation of India. He illustrated with colored slides the old India of the Taj Mahal, snake charmers, mysticism and the faith-healing

Relaxation . . . Dunphy Talking



and Class Day

thongs who seek the waters at Benares. During a three-month visit at King George Medical College in Lucknow, he saw something of the modern India which is supplanting the ancient. India's two greatest problems are population control and economic development, he said, but India has few natural resources she can develop. The doctor-patient ratio is 1 to 6,000 in India as compared to 1 to 700 in the United States, and Uttar Pradesh, where Dr. Blumgart practised, has a per-capita-per-year medical expenditure of only .18¢. Amid this poverty, four diseases: cholera, plague, malaria and smallpox are very serious problems in India. Dr. Blumgart stressed the need for more teaching doctors and more support in area public health programs similar to existing pilot projects.

Dr. George E. Gardner, '37, Clinical Professor of Psychiatry and Director of Judge Baker Child Guidance Clinic, spoke of the seven child psychiatry clinics within the Harvard Medical Center. In no other city are there more than three, he said. In addition to the training of medical students in child psychiatry, these clinics, by giving special seminars and courses, are having increasing relationship with the Harvard School of Education and with premedical undergraduates and senior concentrators in social relations at Harvard and Radcliffe. "Already in the Department of Psychology," Dr. Gardner said, "is the nucleus of a possible Department of Social Sciences within Harvard Medical School, itself."

Dr. John F. Enders and Dr. Valy Menkin converse at the 50th Anniversary celebration and reunion of the Division of Medical Sciences on Alumni Day.



"They're off key!"

Dr. William B. Castle, '21, George Richards Minot Professor of Medicine, spoke of some of the consequences of "blood being thicker than water." In addition to changes in viscosity, he said, disturbances of red cell suspension stability (rouleaux and agglutinates) or deformities of red cells (sickling and spherocytes) sometimes modify blood flow in capillary beds, and often result in sequestration and destruction of red cells in such capillary filters as those of lung, liver, and spleen. Of these, the spleen is the most critical and can distinguish between spherocytes or merely sensitized red cells, as do millipore filters in recent experiments by James H. Jandl, '49. An enlarged spleen may sequester white cells and platelets; and when large white cells circulate, as in endocarditis, even the capillaries of the dependent ear lobe may restrain them. In children large subcutaneous hemangiomas sometimes display an exaggerated platelet-trapping activity.

A flurry of excitement was caused by Dr. Dunphy's announcement that some nervous speaker had made off with his program notes when leaving the lectern. Dr. Castle immediately demonstrated his innocence by flourishing all his notes. After a moment Dr. Blumgart admitted taking them, returned the notes and order was restored.

Dr. LeMoyne Snyder, '23, Medico-Legal Consultant and a collaborator with Erle Stanley Gardner on the TV program, "The Court of Last Resort," entitled his talk, "Murder Challenges the Doctor." One of every 200 people dies a victim of murder, he said.

and doctors are often the first on the scene of the crime. Yet doctors, inherently good, are usually the last to suspect or detect foul play. Homicidal poisoning is almost never diagnosed before death. Dr. Snyder mentioned some murder triangles of almost Pythagorean predictability. In a triangle of older husband, younger wife and hired man, the hired man almost *never* dies; in the combination of younger husband, older wife and school teacher boarder, the school teacher almost *never* dies. "We are just beginning to get light on the subject of the relation of the mind to criminal responsibility," Dr. Snyder said. "McNaghten's Rules, approved for over 100 years on the capacity to recognize right and wrong are not an adequate yardstick to measure responsibility." Harvard has been one of the few medical schools thus far to establish a department of legal medicine.

Dr. Thomas H. Lanman, '16, Director of Alumni



Dr. Thomas H. Lanman, '16, Director of Alumni Relations chats with Joseph W. Burnett, winner of the Alumni Association Award.

Relations, and President Nathan M. Pusey spoke briefly following the Symposium.

May 30 also marked official celebration of the 50th Anniversary of the founding of the Division of Medical Sciences of the Faculty of Arts and Sciences. Eight speakers participated in basic science symposia during the morning and afternoon programs.

Dean Roy O. Greep of the School of Dental Medicine extended the Class Day Greeting on Saturday morning. Less discomfited this year by the front rows of empty seats, he reflected on the increased safety to speakers and Faculty. It was "highlighted in the last election and again in connection with Mr. Nixon's goodwill tour of Latin America that there are some people who just plain don't like to be greeted." A short reflection on trajectory power of various ob-

jects which might be thrown by members of the audience brought the rest of the guests, interested, to their seats to hear the Class History delivered by Lewis P. James, (reprinted on page 38)

Awards and Prizes

Dr. Joseph Gardella announced awards to the Harvard Medical Class of 1958. The *Henry Asbury Christian Prize*, "for diligence and notable scholarship" was awarded to Lewis Paul James, Jr.; the *Maimonides Award* of the Greater Boston Medical Society, to Christian von Hoyningen-Huene; the *Massachusetts Medical Society Prize* to Miss Phyllis Bodell; the *Soma Weiss Award* to Allan Kliman; and the *Boylston Medical Society Award* (first prize) to Walter Elmore Nance. Sharing the *Borden Undergraduate Research Award in Medicine* were Allen W. Cheever and Sergei Pitrimovich Sorokin. Joseph Warren Burnett received from Dr. Russel H. Patterson, the *Harvard Medical Alumni Association Award*, "in recognition of all-round ability and well-balanced personality."

Dr. Reidar F. Sognaes and Dr. Claude W. Thompson presented the awards of the Harvard School of Dental Medicine.

Class Day Address

"The Stars Among Men," J. E. Dunphy's Class Day Address, was both topical and classic: Man's relation to celestial bodies raises thoughts of Macrobius (or was it Cicero; or Scipio?), Dante and Neoplatonism. And then, there are the modern associations. In Dr. Dunphy's dream allegory, men moved in orbits as stars and planets. The orbiters happened in this case to be doctors, deans and committee members, the music of the spheres rather easily transcribed to a psychological plane, but the moral was a sound and heartening one: Each man has his orbit; the high speed of other orbiters is but an optical illusion and man's proper function consists in following his own orbit and increasing the speed of his own revolutions.

In conclusion, Dr. Berry paid tribute to the unsung supporters of the graduates, the wives and parents, and to his own unsung "alter ego," Lewis James, Jr., the Harvard Medical Dean of the 1958 Aesculapian Show. Dr. Berry placed in historical context, the 2,000-year old Oath of Hypocrates, and quoted Alfred North Whitehead, who would have agreed with the Greek ideal: "The job," Dr. Berry-Whitehead said, "is to produce a man of both culture and expert knowledge." His words led very naturally and gracefully to the day's climax:

"I swear by Apollo, the physician, and Aesculapius, and Hygeia, and Panacea, and all the gods and goddesses. . . ."

and the 89th Dental and 168th Medical Classes were graduated.

Reunions



Patrick F. Butler, '03

FIFTIETH REUNION

The Class of 1908 originally numbered 71 men—there were no women members in those remote days, thank God! Of this number there are 25 living, of whom 13 members attended. They are Harry S. Bernton of Washington, D.C., Earl D. Bond of Philadelphia, Robert G. Hall of Portland, Oregon, Isaac Hartshorne of New York City, William McFarland of Barre, Vermont, Hyman Morrison of Boston, George W. Morse of Cohasset, Raymond A. Quigley of Everett, Washington, Lucius A. Salisbury of Scarsdale, New York, George G. Smith of Boston, Albert S. Tenney of East Orange, New Jersey, W. Stewart Whittemore of Cambridge and Samuel H. Wilkins of West Medford. Dr. Francis H. McCrudder of West Newton was unable to attend because of illness but sent his kind regards to all his Classmates and urged them to call on him if they are in that vicinity. The eleven remaining members wrote of their families and their activities in the re-

union report. All the men who returned seemed active and in good health in spite of being over the Biblical three score and ten.

After attending the exercises in Building D we all lunched together under the tent in the quadrangle. Following this we had the group picture on the steps of Building A. In the afternoon Mrs. W. Stewart Whittemore took five of the wives on a tour of Babson Institute in Wellesley where they saw the large globe of the world revolving and the topographical map of the United States and the Sir Isaac Newton Room with the original paneling brought over from London.

The concluding event of the day was the dinner in the Red Room of the Harvard Club where, following cocktails, 17 men and wives sat down to dinner. Following dinner each member of the Class arose and told of his present activities and hobbies. At the close all arose and stood in silent tribute to those who have passed to the Great Beyond. Bob Hall recited a poem he composed, paraphrased from Thomas Moore's

"Oft in the Stilly Night":

"Oft, in the stilly night,
Ere slumber's chain has bound me
Fond memory brings the light
Of other days around me.'
When I remember my
Good friends so linked together
I've seen before me fly
Like birds in autumn weather,
I feel like one who enters soon
A banquet hall prepared
Whose lights are red, —
With garlands spread,
And all the rest presented!
Thus, in the stilly night,
Ere Slumber's chain has bound me,
My insight brings the brilliant light
Of higher realms around me! —"

W. STEWART WHITEMORE
Reunion Chairman

FORTY-FIFTH REUNION

The forty-fifth anniversary of the Class of 1913 passed off very pleasantly but also quietly, perhaps a little too quietly. After the Alumni Day ceremonies (and what a pleasant light touch Bert Dunphy has)

Samuel Wilkins, '08 (center), Joseph Bell, '23 (right rear), and Earl Bond, '08 (right), enjoy the Alumni Day Symposium.



ten of us dined sedately at that historic spot, the Brookline Country Club.

Saturday a few stragglers came to the Denny mansion in Milton for lunch—this time with what wines were available. This too was very pleasant; a lovely day and I hope (and think) the rest of them had as good a time as the Dennys did.

Eleven of our Class came to the dinner which isn't too bad a proportion of our 37 living members. A fair number were lured away by the holiday week-end indulging in golf, fishing, grand baby sitting and other such violent activities which leads me to believe that the spirit of the Class is youthsomeness and healthy.

Just wait until our 50th when we will have slowed down a little.

GEORGE P. DENNY
Reunion Chairman

FORTIETH REUNION

Marking the fortieth year of our medical autonomy, 22 Classmates, replete with mature youthfulness and with 14 joyful wives, met helter-skelter at lunch in the quadrangle along with hundreds of younger and older graduates. There was mutual praise of enviable preservation and competitive apologetic boasting of reproductive achievements. Later in the afternoon those who were not otherwise involved found opportu-

nity for cross-examination of other accomplishments and failings while peacefully submitting to the tongue-loosening effect of life-giving liquids at Rock's house on Pill Hill in Brookline.

Then to the Harvard Club for much more of the same and good food, too. Post-prandial decorum was not even threatened by intermittently hilarious story-telling and reminiscing. When all had said their say and resolutions were made that every self-respecting member of the Class would give something to swell each annual Class Fund, Fremont-Smith pianoed for dancing and more pleasurable loquacious conviviality until the ever-watchful wives, one by one, pulled the familiar stop. At some, now indeterminable, morning hour the last couple had left. Lord was finally ushered to his room upstairs, and McIntosh departed, firmly holding in each hand a depleted bottle of all that was left of the delectable nectar. This Rock fully intends to return to the Harvard Club for Daland's credit.

JOHN ROCK
Reunion Chairman

THIRTY-FIFTH REUNION

Alumni Day was a beautiful, cloudless, sunny, May 30th. Twenty-eight members of the Class of 1923 attended the program in Building D and on the Quadrangle. A few wives were also present at the buffet lunch served under the tents. Our Class was honored by having one of its members, LeMoyne Snyder, as one of the speakers at the morning symposium. His subject was "Murder Challenges the Doctor." It made front-page headlines in the Boston Herald the next morning. A Class picture was taken following the luncheon.

This year, for the first time since our graduation, a Class Report was issued. It is a booklet of over sixty pages containing a brief record of the living members and obituaries of the deceased. All who registered at the school received a copy at that time. Copies will be mailed to those

who were unable to attend the Reunion and to the widows.

Socially the gala event was the BAR-B-Q in the evening at Ed Benedict's beautiful estate in Chestnut Hill. The guests arrived at six-thirty for cocktails and dinner all outside in a gorgeous setting of full-blooming, varicolored flowers, shrubs and trees with a large, perfectly groomed lawn between, on which tables had been set up with places for over fifty. The cocktail hour continued until the sun began to set when everyone was served chicken BAR-B-Q done to a turn on the large spit set up on the lawn. A very convivial group dined in the twilight later replaced by a brightly shining, nearly full moon and supplemental floodlights. It was without question a memorable occasion.

Following the ice cream and coffee, brief remarks were made by our host, the various Class officers, and Reunion Committee members present. Letters with greetings received from Classmates unable to attend were read; also a few from some of the widows. Later on the group retired to the spacious living rooms of the Benedict house where Snyder and W. P. Davis played the piano. Songs and general conviviality continued until well into the evening.

Those who were there were the following Classmates and their wives: Armstrong, who also brought his daughter, Bell, Dameshek, W. P. Davis, Duff, Ely, Goodale, Hurxthal, Lederman, Merriam, E. J. Reynolds, Rogers, Schreiber, Sidel, Simons, Swan, Thompson, Whitaker, and Williams. Stags included Balch, Batchelder, Brading, Creed, Lapp, Schaufler, Snyder, Thiery, Warren, and White. This made a total of forty-nine, not including the host and hostess and their children. Dorothy Murphy came for cocktails and Allan L. Davis attended the program at the School.

On Class Day five of our members attended the exercises and had lunch on the Quadrangle.

Your committee is grateful to all who took so much time and trouble



Dr. William C. Quinby, Jr., talks to Dr. John H. Cunningham, '01.



The Fiftieth Reunion Class

to come from great distances and I am sure we are all very grateful to Ed and Pat Benedict for having the Class dinner at their home.

CHANNING S. SWAN
Class Report Chairman

THIRTIETH REUNION

Unlike the self-styled "Great" Class of 1933, which was rumored to have a 115% turn-out for its Reunion, the Class of 1928 had only 22 members at the morning exercises. Clyde Landers from California and George Fite from Louisiana were the only travellers from far away. Valy Menkin came from Philadelphia, Stoler, Steinberg, Greydon Boyd, Burkhardt, and Keutmann ventured across the New York state line to be present, while Abramson, Brailey, Bartlett, Harold Brown, Cammisa,

Casten, William Davis, DePrizio, Dwight, Halbersleben, Marks, Rudd, Short, and Williams were the local contingent.

We enjoyed the Symposium, which was moderated with superb academic dignity by Bert Dunphy, and under a typically beautiful blue New England sky we had lunch together afterward in the Medical School Quadrangle.

Myles Baker, Cope, Blanchard, Joplin, and Daffinee joined us in the evening for a very pleasant dinner at the Somerset Hotel. This occasion was ornamented and enlivened by the addition of 16 of our Classmates' wives, of various sizes and shapes, but uniformly endowed with beauty and charm. Fortunately none of them appeared in chemises, sacks, or trapezes, since the swimming pool just outside might have provided an

irresistible temptation even to the notably chivalrous members of HMS '28.

RICHARD W. DWIGHT
Class Report Chairman

TWENTY-FIFTH REUNION

Festivities began for the Class of



Cornelius S. Franckle, Eugene Cozzolino and Theodore H. Ingalls all of the Class of 1933.

1933 on 29 May, 1958, at the Harvard Club where members and wives met for a large cocktail party followed by dinner. We were delighted to find Dr. and Mrs. Irving J. Walker, Dr. and Mrs. Merrill Sosman, Dr. and Mrs. Samuel Levine and Dr. and Mrs. Thomas Lanman as guests of honor as representatives of the Faculty who were active in our instruction 25 years before. Several things soon became apparent. One was that although we had familiarized ourselves with our Classmates through the Class Report, edited by Fred Simmons, and although name tags certainly were helpful, a very large proportion of the Class had changed in only minor ways. Some were stouter and some were leaner. They all seemed delightful, perhaps even more so than twenty-five years before. Also, they had

with them, as wives, as attractive a group of ladies as could be found anywhere. Bart Quigley acted as toastmaster and the high point of the evening, undoubtedly, was a very serious discussion by Rolf Lium on the Scientific Method.

The weather, as predicted by Dr. Fitz, was exemplary on Alumni Day and sitting in the luxuriously upholstered chairs in Building D proved no hardship as the symposium conducted by Bert Dunphy in his own inimitable manner was highlighted by Ken Emerson's interesting account of how the Admissions Committee works. The high point of the meeting occurred when Rolf Lium, as Fund Agent, in the absence of Fred Simmons, turned in something over \$80,000 of unrestricted funds to Harvard Medical School. On Friday evening, buses

took the Class and their wives from the Somerset Hotel out in the general direction west of Boston in an effort to find the Country Club in Brookline. This seemed to be a losing cause, but eventually Gene Cozzolino produced a map and the bus driver finally became able to distinguish between the Brookline Municipal Golf Course and the Country Club. The dinner dance which ensued demonstrated that no one apparently had creaky joints and in particular the Parnells had more latent energy than any teenagers.

On Saturday the weather still held and the Class Day Exercises were well attended. Again a bus with a driver with exceptional geographical knowledge took the Class to Fred Simmons' place in Duxbury where an old fashioned clambake was held

The Class of 1913



with the full moon rising over the marsh. Quite an event in anyone's life. Next to the moon the apogée was reached when Dorothy Murphy told the funniest story of the Reunion about a priest and his donkey.

Already the 30th Reunion is being talked up in a large way.

EDWARD HAMLIN, JR.
Reunion Chairman

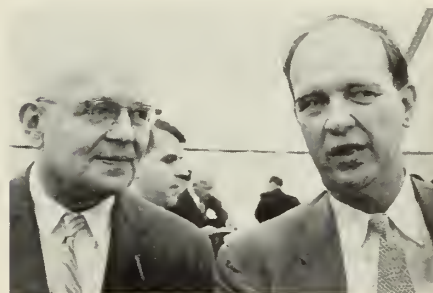
TWENTIETH REUNION

Convening from nine states and the territory of Hawaii, forty-two alert and prosperous doctors from the class of 1938 showed their faces at one time or another during the course of this two day reunion. Thirty-one brought their own wives, one somebody else's wife, and one a son. The theme was symposia. Registration was followed by Dr. J. Englebert Dunphy's lively symposium in amphitheater D, whose plush interior makes the Metropolitan Theater look sick. Under azure skies and a large dining tent set up in the Quadrangle, the Alumni Day Luncheon was the first opportunity for intermingling and sociability. Renewing old acquaintances and discovering new giants of medicine both within and without the Class was truly a warming experience. An unplanned afternoon gave time for individual sorties to the shopping district or museums, naps or just looking around before retiring to

headquarters at the Hotel Somerset. That evening unquenchable thirsts and voracious appetites offered visible proof to the etiology of the increasing waistlines. Returning to the symposium theme, President Francis Ingersoll gave the welcoming address, paid tribute to four departed members, and introduced the eloquent moderator Con Riley. Illustrations of the use of the P-value in medicine were given by Dr. Charles (I.B.M.) Burbank. The inescapable conclusions were reached that there was a skew of the distribution curves of minks, chemises and foreign cars amongst classmates' families. Historian Frank Lepreau then presented a truly remarkable and scholarly review of class activities twenty years ago, recalling from his capacious memory such gems as John Rosenow being chastized by Dr. Weatherford for skipping rope with the small bowel removed from his cadaver, presentation to MacAllister of lovely glasses embossed with pink elephants in tribute to Dr. Weatherford's colossal contribution to anatomy, and Otto Folin's immortal words "It's gonna suck back"! Dr. Emerson Day then turned out the smoking lamp, and disclosed his controlling interest in a seat belt corporation. A very vivid dissertation on "Pineapples and Pill Pushing, or How to Keep Away from the Dole" was given by Bill Hartwell whose notes were dampened by a tropical storm which submerged his raft on its passage from Hawaii. Professor Sid Gellis presented the most provocative paper of the evening by raising the question of how a disease which affects only Jewish children should bear the name of an Irishman (Riley-Day disease). Knowing that this would probably creep into the program somewhere, the adroit moderator cleverly dodged this barb by adjourning the meeting. The whole symposium, however, invoked so much discussion that the pros and cons of the various points were argued in numerous hotel rooms well into the small hours of the morning.

Saturday dawned again a cloud-

less day and with clear heads all set forth again to the Quadrangle for the graduation of a terrifyingly alert appearing group of young doctors. While some chose to spend the afternoon watching the Red Sox's shabby exhibition against the Yankees (this gave the New York contingent their only moment of glory) others visited friends or relatives, museums, hospitals, and other points of interest, while some even disported themselves in the swimming pool at the hotel. That evening was a scene of



John Edsall, '28, and John Oncley, Professor of Biological Chemistry.

gaily dressed wives carrying flower pots, madly dancing husbands, music drifting out onto the Fens from the ballroom located perilously close to the swimming pool, and further independent symposia delivered at various corners of the ballroom and at both ends of the bar. The general sense of these meetings was one of thanks to everything, but in particular to the wives who made such an important contribution both physically and spiritually to the success of the occasion.

HERBERT S. SISE
Reunion Chairman

FIFTEENTH REUNION

Thirty loyal members of 1943A gathered for our Fifteenth Anniversary. One or two others filtered in momentarily. Fourteen of the thirty were from out of town—a very fair representation of class spirit we local ones considered—and some of these like Moorman and Hatch came all the way across.

The majority attended at least part of the lectures Alumni Day morning and the luncheon in the quadrangle. Dinner at the Harvard



Joseph C. Placak, Jr., '33

Club was conducted by President McLean with his usual skill and insouciance. Everybody was heard from at least once—some, quite a few times. Because of the stabilizing and relaxing presence of twenty-six wives, the speeches were above average and there were no missiles. No attempt was made to transact any serious business, and none was transacted.

Drs. Barger and Knox representing the Harvard Faculty did thank the class for the increments in their incomes, and in faculty salaries generally, arising from contributions to the Alumni Fund. Everybody felt certain that the total of \$81,000 given by the class of 1933 would easily be surpassed by us.

Moorman sparked the evening with lots of stories and many interesting comments. He remembered several defunct animals he had put under people's beds. Donald Brown told the funniest story. E. P. Richardson said the nicest things. The wives were not given an opportunity to contribute to the speaking, a mistake we will probably rectify at our 20th.

Next afternoon twenty-five of the Class and almost as many wives journeyed to Castle Hill, Ipswich and had a combined picnic with 1943B. The baseball game was won about 7 - 5 by the younger class (a remarkable victory considering how much better our Class is!)

The lobsters and beer and fixings were thoroughly enjoyed and the conversation and the singing and the scenery too.

We are already looking forward to our 20th.

JAMES H. JACKSON
Reunion Chairman

On the afternoon of Saturday, May 31, 1958, on the gentle slopes of Castle Hill, in a softball game of uncounted innings, HMS 1943-B vanquished 1943-A seven to five. This magnificent victory on the occasion of their Fifteenth Reunion reflected not only the relative youth of the victors, but their admirable state of training as well.

Their seriousness of purpose in preparing themselves both spiritually and physically for the Saturday conflict was graphically illustrated by their deportment at the Harvard Club during their Class dinner the night before. Emblematic of their attitude was the fact that, to promote self-control of the fleshly appetites, ten fewer dinners were ordered than the number of people who congregated. It was the only jarring note of the entire festivities that the ten comrades selected for the glorious role of asceticism demanded to be



Dr. Gorlin, '48, and Dr. Watkins, '43B

fed. This unfortunate gluttony, for which the sinners received their due desert (Sultana Roll), was offset by the remarkable sobriety of the gathering and the incredible continence when it came to making speeches. The party folded at ten.

At Ipswich the next day, our maturities began to show, as, after the game, we caught up on interval histories over lobsters and beer. It was interesting to see how the seeds so carefully planted and tended during our years of medical education, now fifteen years old, had sprouted and grown. Most of us had specialized. Ornithology took second place only to surgery. Harmony remained a favorite. Carrying our message of healing and hope, we had spread out to the four corners of Boston. The march up the academic ladder was steady. Three men had Cadillacs on order. The pleasant thing about it all was how little anyone appeared to have changed: the thin were still thin, the tall still tall, the bald still bald. But the physical sameness was deceptive; there seemed to be a subtle change in spirit. The schoolboy energies that once enlivened Vander-

bilt and the BLI were subtly softer; the group was tending toward a resolution into individuals, each following his own pursuits alone.

Our returning group was small, but all of us—deans, professors, doctors (and wives)—enjoyed ourselves. By Sunday all but the stragglers were gone. And as the new week began, we were back at our humdrum jobs after our brief sojourn in the spotlight of reunion. *Sic transit gloria Monday!*

JOHN C. NEMIAH
Class Report Chairman

TENTH REUNION

The Tenth Reunion of the Class of 1948 was attended by 48 members and 30 wives. First prize for having come the greatest distance went to Alfred Rehbein from Bogotá, Colombia. Jim Austin from Oregon, Ed Beddingfield and Dexter Witherington from North Carolina, Joe McHale and Sig Gundersen from Wisconsin, not to mention representatives from closer states, proved that distance alone is not an adequate excuse for not attending! Although some were apparently unchanged after ten years, such changes as the loss of John MacLeod's hair brought frequent comment.

Alumni Day talks were followed by luncheon in the quadrangle. Several small spontaneous parties occupied Friday afternoon and that evening we gathered at the Longwood Cricket Club for cocktails, Swedish smorgasbord and dancing. Credit for the success of the evening belongs to Betty and Manning Sears for their work in arranging alcohol, food, and orchestra. Some after-the-dance parties lasting into the small hours undoubtedly furnished one reason for the limited attendance at Class Day exercises the following morning.

Saturday's beautiful weather permitted the maximum enjoyment of the facilities at the New Ocean House at Swampscott, including the ocean and beach. Some brave souls even went into the water. Golf, tennis and croquet preceded the softball

game of the afternoon. Ed Gray's home run contributed to the surgeons' overwhelming defeat of their medical opponents.

After a mass descent on the cocktail lounge we enjoyed an excellent New England shore dinner with lobster, clams, filet of sole, wine, watermelon and pie a la mode. Class President Tom Finger saluted the Class and spoke for all of us when he voiced his satisfaction and enjoyment of our Tenth.

ALFRED W. SCOTT, JR.
Reunion Chairman

FIFTH REUNION

Without hesitation we can claim that our Fifth Reunion was a success. Our only regret is, of course, that more of you were not present. Still, of the 76 at the din-

ner, 41 were Class members and, all in all, at some time or another 57 of HMS '53 were seen in Boston during the weekend.

Jim McKittrick came the greatest distance (from St. Louis), although the Hansens from Cleveland, and the Huffmans from North Carolina must be congratulated for their successful efforts. Others who came from out-of-town were Dick Sidmang, George Smith, Julian Kitay, Tom de Kornfeld, Warren Fienz, Bob Katzman, Bill Bond, Dom Purpura, John Stauffer, Ned Feder, Herb Kraut, Nat Cohen, Fetz Loewenstein, Marilyn Spretz, Charlie Bauer, and Flavio Romanul.

It would seem that Ned Feder has changed more than anyone else—only one lunch Friday. Other changes were more apparent at the

Powell's Saturday, for multitudes of children dominated the scene. The picnic was a pleasant confusion of North Shore cold water toe dipping, energetic tree climbing, trying line-waiting (for THE facility), and occasional softball bean balling (childhood aggression). A wonderful time was had by all.

Dinner the preceding night was very good (with cocktails and wine it could not have been otherwise). The dancing was almost forgotten—and instead pleasant hours were spent simply talking. To recount specific incidents would be superfluous. Suffice to say, this reunion was sufficient indication for all of us to come for our tenth. We had a great time!

DONALD MEDEARIS, JR.
Reunion Chairman

The Class of 1933



Experiment in Elevating Standards of Medical Care

The Coal Country Controversy

William H. Potter, '41

In the soft coal country of the Appalachian Mountains a 250 mile long oval area extends from central West Virginia to the western tip of Virginia (see map). From 1911 until 1948 this was the scene of the most savage labor controversies the world has known. Hundreds were shot in the struggles during this period, and in the Depression of the thirties additional hundreds, weakened by starvation, died from lack of nourishment and medical care. By degrees, out of many defeats, the United Mine Workers' Union came to be a powerful force for improvement, with an austere administration led by John L. Lewis.

During the latter part of World War II, while the U.S. Government was operating the coal mines, an official investigation of the deplorable living and medical conditions of the people of the area gave rise to the creation of the United Mine Workers' Welfare and Retirement Fund, financed initially by a royalty of 5¢ from each ton of coal mined by the mines under contract to the Union. By negotiation without strikes, this has been increased to 40¢ per ton of coal mined. In 1955 this brought the Fund approximately 130 million dollars. This Fund spends its income on a pay-as-you-go basis on pensions, death benefits and hospital and specialist care for the miners and their dependents at an administrative cost of three per cent.

Under a physician Director in Washington with ten physician Administrators located strategically in the 25 states served, local hospitals and doctors have been paid at prevailing rates for hospital and specialist care given beneficiaries. When it appeared that certain physicians were performing too many operations of questionable value, the Administrators of the Fund found it necessary to require consultations from qualified specialists before paying for certain procedures, such as uterine suspensions, tubal ligations and tonsillectomies.

This action was interpreted by affected practitioners as limitation of free choice of physician, is still being

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contested, and though restrictive, was not positive. In the "depressed area" of the Appalachian Mountains referred to above there was insufficient stimulus to quality of medical care.

During the 1940's investigations of the care available were made by the United States Navy, then operating the mines, and these investigations brought to light the shocking conditions in the area.

Hospital Plan

As a consequence of these investigations, it was suggested that the better method of elevating medical standards would be by the setting of example rather than by restrictive action. In the early 1950's the U.M.W.A. Welfare and Retirement Fund formed a subsidiary corporation, the Miners Memorial Hospital Association. Based upon the findings of the surveys already made, this corporation has built and staffed ten hospitals in this area at a cost of about 35 million dollars, providing approximately 1,000 beds in a decentralized arrangement of three larger central hospitals and seven smaller subsidiary community hospitals.

These hospitals and their staffs were dedicated primarily to the function, not of caring for all the patients, but rather of elevating the standards of medical care in the area. With their 1,000 beds they could not hope to provide the care required for the 1,300,000 residents of the area.

To insure that these institutions would be able to carry out the purpose for which they were constructed, they were organized to function as teaching hospitals. Those to be taught included the hospital staffs, the nurses, the patients and the local citizens. To make this feasible each hospital was staffed principally with full-time chiefs of service, certified by their respective specialty boards, a large proportion of whom came from medical school faculty positions elsewhere.

The full-time staff of each hospital was organized as a medical group, entitled "Medical Associates of the (name of town) Memorial Hos-

pital." Each full-time staff member, though on contract to the Miners Memorial Hospital Association, receives his remuneration from the bank account of the Medical Associates of his hospital. Fees from private patients are deposited in this account. The remainder, much the greater portion necessary to pay these salaries, is made up by the Miners Memorial Hospital Association from the U.M.W.A. Welfare and Retirement Fund. Should the amount received from private fees plus the reasonable value of the care given for Fund beneficiaries exceed the salaries of the full-time staff members, appropriate adjustments will be made. This occasion has not arisen.

The reason for having a full-time staff is to ensure that these physicians give undivided loyalty to the broad purposes of their hospitals and to the patients for whom they were built. Being on a specified compensation and restricted to the Memorial Hospitals for his work, a full-time physician is relieved of temptations for fee splitting and over-charging.

The Memorial Hospitals provide offices, materials, secretarial service, official transportation, expenses to three medical meetings per year, a month's vacation, and for \$3.00 a month, a Union comprehensive health plan for the full-time physician and his minor dependents. Although he must decide what fee to charge private patients, insurance forms and bills are made out by the Business Office. He has no overhead expenses and can concern himself entirely with clinical medicine, teaching and research.

Staff Organization

Each hospital has an active staff and a courtesy staff. The active staff is composed of full-time members who are employees of the MMHA, and non-full-time members, physicians in the community who desire to participate actively in the affairs of the hospital. Those physicians desiring staff privileges who do not wish to attend meetings regularly nor serve on committees may join the courtesy staffs.

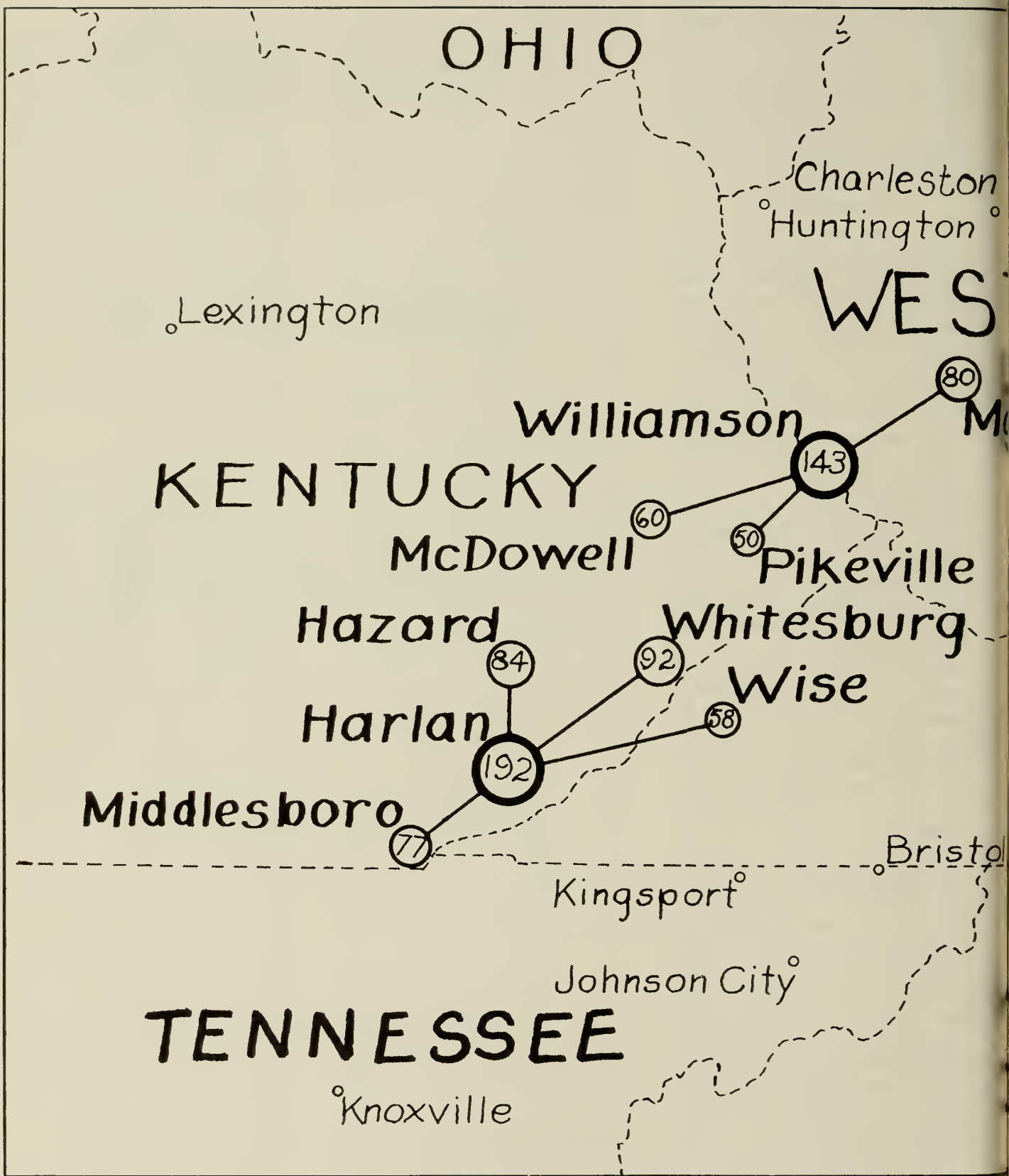
The Miners Memorial Hospitals are open-staff hospitals and welcome any reputable licensed M.D. to staff appointment.

Results

These hospitals have been in operation for almost two years. In general they have worked out well. A respectable amount of medical care has been given. During the first fiscal year the statistics for the ten Miners Memorial Hospitals totalled 26,771 discharges, 2883 births, 10,565 operations, 186,464 out-patient visits, 495 deaths, and 39 percent autopsies. But without denying its importance to those who have received and provided this care, how have these hospitals elevated the standard of medical care in the area? This is not so easy to prove by currently available statistics, and must be answered in terms of impressions.

Among these hospitals some have had greater success than others. Other things being equal, the success in elevating standards of medical care has been where the needs have been greatest, where service chiefs have been on a full-time basis, freed from the distracting competitions of private practices, where the staffs have been enthusiastic toward the objectives of the Miners Memorial Hospital Association, and where a sustained effort has been made by the full-time staffs to welcome and give staff responsibilities to local physicians. Only by establishing and maintaining contact with them and providing them facilities can their standards be affected. In general, the result has not been to deprive local physicians of their practices, nor to cause other less-favored pre-existing local hospitals to close down. The effect has been to increase both the variety and quantity of medical care given. This is understandable when we realize that the miners, who with their families constitute the overwhelming majority of patients, feel that these are their hospitals and the full-time men are their doctors.

The Memorial Hospitals have been in operation since early 1956. They have all been accredited. Two of the central hospitals have obtained ap-



The ten Miners Memorial Hospitals, indicating locations, relation of Community to Central Hospitals and numbers of beds.

VA.
Beckley

VIRGINIA

NORTH
CAROLINA

proval for residencies in medicine and surgery which have been in operation since July, 1957.

All the hospitals have organized regular formal clinical teaching conferences. The central hospitals have or will soon have in operation research laboratories financed by the MMHA annual research fund of \$130,000. The principal accomplishments so far have been the gathering of data relating to soft coal miners' pneumoconiosis, which will appear in the literature.

It must be realized that introducing these hospitals with their highly trained staffs into this area inevitably causes other changes besides improved management of disease. The effect, for example, of bringing thirty-two doctors and their families to a town of 6,000 population stimulates many things. Most of them must build houses. For the sake of their children, they and their wives take an active interest in the Parent-Teachers Association and political problems. The doctors participate in activities of the civic clubs, and their families become active in the religious organizations. They spend their salaries in the communities where the hospitals are, tending to accelerate the transition from what was a feudal society of economic barons and serfs to a more typical American society.

Building one of these hospitals in an area is one thing, but the significant effect is the impact its imported staff has on all aspects of the culture of the community, and medical care is just one item.

The Future

The stated objectives of the MMHA in alignment with its progress to date may be projected forward some distance. Although the standards of medical care in the area have improved, there are still many things to be done before we can be certain that the figures will compare favorably with national averages, let

alone be representative of leadership. The mechanism of recording and assembling statistics requires, for greater accuracy, improvements in education and transportation in the hollows and more effective local Health Department services.

Because standards of medical care will presumably improve elsewhere, it is apparent that the MMHA must not merely keep up with, but must exceed the average rate of improvement. This will require new ideas on top of the ever-present spade-work, a courageous administration, and infusion of new, and replacement of dead, heads.

There is no question in the eyes of those who joined the MMHA with enthusiasm for its objectives and incorruptibility that this is the way medical care should be given. This is, of course, in contrast to the feelings of some on the outside who prefer to go it alone, but are apprehensive about organized groups possessed of fancy diplomas and superior facilities. The question arises whether Organized Medicine will decide how medical care shall be given, administered and policed, or whether the patients, through organizations of their own, be they non-political or political, will insist on standards of prevention and management that will work for their best interests, which will ensure that the practice of medicine is for the patient, not for the doctor.

Patients' systems for administering medical care already take many forms. Some are foundations, some religious, union, trade or other associations, some insurance plans; others are systems on a local, state, Armed Service or other governmental level. Their opponents may say these systems represent "socialized medicine" or "third party medicine" but it is clear that any plan based soundly on the principle of elevation of the standard of medicine will thrive over one based on purely selfish interest.



Inside H. M. S.

EDUCATIO DOLENS MEDICI—REPORT OF A CASE

Lewis P. James, Jr., '58

It is with great pleasure that I come before you today to report and discuss the natural history of a case of *educatio dolens medici*. Synonyms for this disorder are “the painful education of the doctor” or “Berry’s disease.” The case which I propose to discuss briefly is that of the Class of 1958, which has been sorely afflicted by this iatrogenic malady, of which the first and perhaps the most acute phase is at present subsiding.

In the best Harvard medical tradition, I will sketch the history of this disease called medical education, which is certainly not a new entity, but was well known in antiquity. It has the honor of being a condition which really was described by Hippocrates, from whose writings on the subject Dr. Berry will later quote. Its communicability was firmly established by Galen, who passed one form of it on to countless persons with whom he came in contact. Dr. Flexner wrote the modern classic on the disease, and since his paper a somewhat more stable host-parasite equilibrium has obtained.

The geography of this malady bears careful perusal. There are those who insist that not a single, authenticated case of “educatio” has ever existed outside of Boston, Mass. There is good immunologic evidence to the contrary, however, in that many transplants to Boston have survived and grown in this antigenically highly specific atmosphere. The reverse experiment has also been successfully performed on countless oc-

casions, suggesting the similarity of “educatio” as it exists here with that affliction which occurs outside of Suffolk County.

The sex ratio of the disease in this area is 12.3 males to each female. It would seem that estrogen levels have become an increasingly important tool in the diagnosis of this disorder since estrogens were first found in a Harvard Medical School class in 1945.

In *educatio dolens medici* a faint familial tendency has been noted, and it has been stated that in certain areas of the country, much like hemophilia amongst the crowned heads of Europe in the last century, the disease even has dynastic pretensions. The sporadic case is just as virulent as the inherited form, however.

With this material as background, we shall proceed to the case at hand. The Class of 1958 was first seen at Harvard Medical School in September of 1954. By and large, the Class was in good health at this time, sun-tanned and lazy. Within a month, however, the ravages of the disease had taken their toll. Pale, lean, nervous, sleepless individuals, smelling strongly of formaldehyde, were seen wandering about the Longwood Quadrangle at odd hours, muttering doggerel incantations to certain articles of Tilly’s wardrobe and to Grandma’s imminent homecoming. Most of these people could not describe the muscles of the human leg, but none of them will ever forget how the

Great Ape brachiates through the tropical rain forest.

By the spring of 1955 the disease was thoroughly established. Members of the class were seen to be subject to an intermittent intention tremor which has been called the "Van Slyke rock."

In the second year of the disease new heights of feverishness were reached. Members of the class not fortunate enough to own binocular microscopes saw only out of the right eye for a period of some months. Most of the class at one time or another caught all of the diseases in the pathology text. Fortunately our long-suffering wives were more practical than we, and more than once has a brilliant self-diagnosis of Sulzberger-Garbe's disease dissolved in a burst of laughter from a singularly unimpressed spouse.

At the beginning of the third year of its malady the class received a sizeable transfusion of new members, but it soon became apparent that these, too, were fellow sufferers. In the clinical years "educatio" spread to involve multiple systems, gradually incorporating the entire body and mind of the patient in space and time. Long hours were spent in hospital. Chronic fatigue set in. Even social gatherings became influenced by the sickness: the ladies all congregated in one room to discuss how seldom they saw their husbands, and the men all gathered in another room to discuss the latest case on the ward, and to complain of how seldom they saw their wives. Recently, however, the disease process has ground to a halt, and the casual observer might state that for the past two months there has been no education at all around here.

Now that the natural history of *educatio dolens medici* has been illustrated, it remains to discuss a few of the complications of the process. One complication is the reaction occasioned by a foreign body in our midst. That foreign body is Fenway Park, which has lured many an aspiring student away from the physiology laboratory long before a fascinating feline friend has breathed its last. Fenway Park-itis has continued to have hopeful exacerbations each spring, despite the fact that there has not been a baseball team there in some years.

A more serious complication has been examinitis. This complication has been particularly distressing to the Class of 1958, which has been used as a sort of laboratory animal and has been exposed to examinitis in its most fulminating forms. For example, in 1956 the faculty gave the Class an examination so difficult that it is rumored that no one on the faculty knew enough to correct it. In 1957 automation was ascendant, and the Class was examined by a tape recorder. Examinitis reached the culmination of its virulence in 1958, when the atomic age exploded upon us all. The Class was asked to discuss "positron emission," of all things. I have done some post-mortem research on the positron and have discovered it to be a positive electron, which, after losing its energy by collision, combines with an ambient electron, giving rise to two photons, which fly

off in opposite directions. The great advantages of the positron can now be easily seen. Since it ultimately gives rise to *two* photons, it can, of course, knock off *two* students, whereas any other subatomic particle would only have been able to annihilate one student.

In summary, the natural history of *educatio dolens medici* has been described with the brief recording of a case. It must be apparent to all by now that this is a chronic, lifelong disease. The paradoxical nature of the condition must also be carefully noted, for the patient lives only so long as the disease process is active within him. No doctor is ever fully educated, for medicine itself is dynamic. When a doctor feels that his medical education is over, then that man is no longer alive, even though he may be able to play eighteen holes of golf every Sunday.

It is also important to take cognizance of the word "*dolens*," painful, in the name of this condition. I hope that I have pointed out some of the more humorous "pains" which beset the neophyte on the road of education. There are, however, very real pains to come. Despite the great advances which have been made in medicine, the physician, more than any other person, must realize the finitude of man and the limits of his



Lewis P. James, Jr.
delivering the Class History

knowledge. For the voids in the knowledge of the doctor are measured in disability and death, and in the real pain of not being able to help the patient for whom one is responsible. This, indeed, is a painful part of education which is to come, but it is a pain which I am sure will make all of us humble and truly sympathetic physicians, and which will goad some of us on to ask of Nature the right questions, and to eke out a few more of the right answers.

HONORS

Dr. WALTER BAUER was elected President of the Association of American Physicians at the group's 71st annual meeting in Atlantic City on May 7. He has been Jackson Professor of Clinical Medicine at Harvard Medical School since 1951. Since his residency in 1924, Dr. Bauer has been associated with Ward 4 at the Massachusetts General Hospital, a ward where research is done on patients with incompletely understood illnesses. Beginning with various related research projects, Dr. Bauer has been primarily concerned with the study of connective tissue. In 1929, when a fund, in the name of Robert W. Lovett, was raised at Harvard Medical School for the study of crippling diseases, Dr. Bauer was made director of all arthritic studies, and diseases related to arthritis, in Ward 4. Dr. Bauer is now Chief of Medical Services at the Massachusetts General Hospital.

* * *

ALEX M. BURGESS, '10, of Providence, Rhode Island, was the recipient of the Alfred Stengel Memorial Award for 1958, the major honor conferred by the American College of Physicians. Dr. Burgess is the first New Englander to receive this honor. The Award is presented to a Fellow who has "displayed an outstanding influence in maintaining and advancing the best standards of medical education,

medical practice, and clinical research, in perpetuating the history and traditions of medicine and medical ethics, and in upholding the dignity and efficiency of Internal Medicine in its relation to the public welfare."

* * *

Guggenheim Fellowships for research were awarded to three members of the Harvard Medical School Faculty: Miss PAULINE A. MILLER, Research Associate in Bacteriology, for her studies of the formation of tetanus toxin in the cell; Dr. DAVID GITLIN, Assistant Professor of Pediatrics, for his study of intracellular degradation of plasma and cellular proteins; Dr. ERIC G. BALL, Professor of Biological Chemistry, for studies on the mechanism of biological oxidations.

* * *

STANLEY COBB, '14, received the General Leonard Wood Memorial Medal at the 70th Alumni Day Dinner of the Boston City Hospital Association at the Harvard Club on April 25. Dr. Cobb is world renowned as a neurologist; he was head of the neurological service at City Hospital with the late Dr. Abraham Myerson from 1925 to 1934, and was until his retirement Bullard Professor of neurology at Harvard Medical School and head of the Psychiatric Department of Massachusetts General Hospital.

(Letters continued from page 5)

London University. Today I bring before you another expert in this subject, like Singer a member of Magdalen. As a Rhodes Scholar he won the esteem of his tutors both by writing and collecting books. When elected a Fellow of his college he compiled a bibliography of that learned Oxonian Robert Boyle. Too soon, however, as it seemed to us, he was called to Yale. There he devoted intense and successful activity to the study of the monkeys called Primates (!-J.F.F.), and from his work certain alienists developed

the operation of frontal leucotomy. He wrote a book, which immediately became a classic, on *The Physiology of the Nervous System*. He founded two handsome and scholarly journals, and shows himself a sympathetic and inspiring teacher in the varied researches of pupils drawn from all over the world. Finally he gave his library to Yale University, already enriched with two others. The three are now housed in one building, over which he fitly presides. He has reviewed the achievements of medicine; he is a clear-sighted prophet of its future; he has played a leading part in its progress.

A meeting of the Harvard Medical Alumni Association of Southern California was held at the California Club in Los Angeles on the evening of April 23, 1958. Seventy-three guests were present to hear Dr. Joe Gardella, Assistant Dean of the School, lead a most erudite discussion of the problems which face the School in its various departments at the present time. Dr. Gardella was most helpful in answering questions and all present enjoyed the evening thoroughly. Representing the Classes of 1900 and 1957 were Irving Bancroft, '00 and Daniel Claes, '57.

"I present to you John Farquhar Fulton, Sterling Professor of the History of Medicine in the University of Yale, to be admitted to the honorary degree of Doctor of Letters."

There were many circumstances which made this degree perhaps the most cherished of those which I have ever received. Particularly gratifying was the fact that a Doctor of Letters degree was given in recognition of literary contributions rather than an honorary Doctor of Science.

After returning to the United States in late June I spent about three weeks at the Brigham Hospital. I am now under the care of Oliver S. Hayward (M.D., H.M.S., Class of '36), one of the finest of physicians. Since he likes to scribble almost as much as I do, we are now engaged in writing a 'Life' of the fifth graduate of the Harvard Medical School, Nathan Smith (Class of 1790). Incidentally, if those who may read this note have knowledge of any Nathan Smith letters, please write me (333 Cedar Street, New Haven, Connecticut) or Oliver Hayward (New London, New Hampshire). I have been convalescing with Lucia at an attractive inn in the little town of New London, New Hampshire. The beautiful view over the rolling New Hampshire hills around Lake Sunapee brings frequently to mind the opening lines of the 121st Psalm.

"I will lift up mine eyes unto
The hills, from whence cometh my
help."

I enjoy living the life of a country squire and I felt I must try to look the part so if you were to call on us, you would find me in a plaid vest, sport jacket, slacks, and a striped cap! Lucia has a ladies' model to match.

JOHN F. FULTON, '27

